

AB636 Child Welfare Services

System Improvement Plan



SEPTEMBER 2004

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I. SIP NARRATIVE

A. Local Planning Bodies

The City and County of San Francisco Department of Human Services Family and Children Services (SFDHS FCS) convened the Redesign/SIP Core Team (Core Team) to advise the development of the Self-Assessment and System Improvement Plan (SIP). The Core Team is comprised of staff at all levels of SFDHS FCS, community and agency partners, and birth and foster families (see **Appendix A** for a list of Core Team members). In addition to representing their communities or organizations, many Core Team participants also represented one of the following existing local planning groups:

- Family to Family Strategy Implementation Teams
- African American Disproportionality Project Workgroup
- SafeStart Steering Committee
- Children's System of Care Steering Committee
- Promoting Safe and Stable Families Steering Committee
- Differential Response Breakthrough Committee
- Youth Task Force
- CalWORKs Crossover Implementation Committee
- San Francisco Child Abuse Prevention Council

Developing the Self-Assessment and SIP

The Core Team met four times to advise the development of the Self-Assessment. The team met an additional six times to assist with the SIP. Specifically, the Core Team helped to:

- Assess agency and community partnerships
- Review and discuss San Francisco's AB636 outcome data and identify the outcome indicators that are the focus of the SIP
- Develop improvement goals
- Review best practices
- Develop and prioritize strategies and milestones
- Identify key partners
- Review and refine the final plan

After choosing the focus outcome indicators, the Core Team established three workgroups, one for each indicator. The workgroups developed goals, strategies and milestones. The full Core Team then had opportunities to review each workgroup's ideas and make comments on the entire draft SIP.

The SFDHS FCS Redesign Coordinator led the System Improvement Planning process. The Redesign Coordinator was assisted by an internal SIP Planning Team, which was comprised of the Deputy Director, as well as DHS program and planning staff. A consulting team from Moore Iacofano Goltsman, Inc. (MIG), a Berkeley-based strategic planning firm, also assisted SFDHS FCS to create its SIP.

The SIP Planning Team met to prepare for each Core Team meeting and discuss how best to integrate the Core Team's feedback and findings from other data collection activities (please refer to the next section for a more detailed description of data collection activities) into the evolving SIP. The FCS Management Team also met between each Core Team meeting to provide input on the ideas that were beginning to emerge. With the Core Team's input, the FCS Management Team made final decisions about which strategies would be implemented in Year 1, Year 2 and Year 3 and who would take the lead in implementing each strategy and its related milestones.

The San Francisco Human Services Commission will review the plan on September 27. The final draft SIP is being submitted to the State on September 30 pending the Mayor's review, per State approval, as the chief locally elected official.

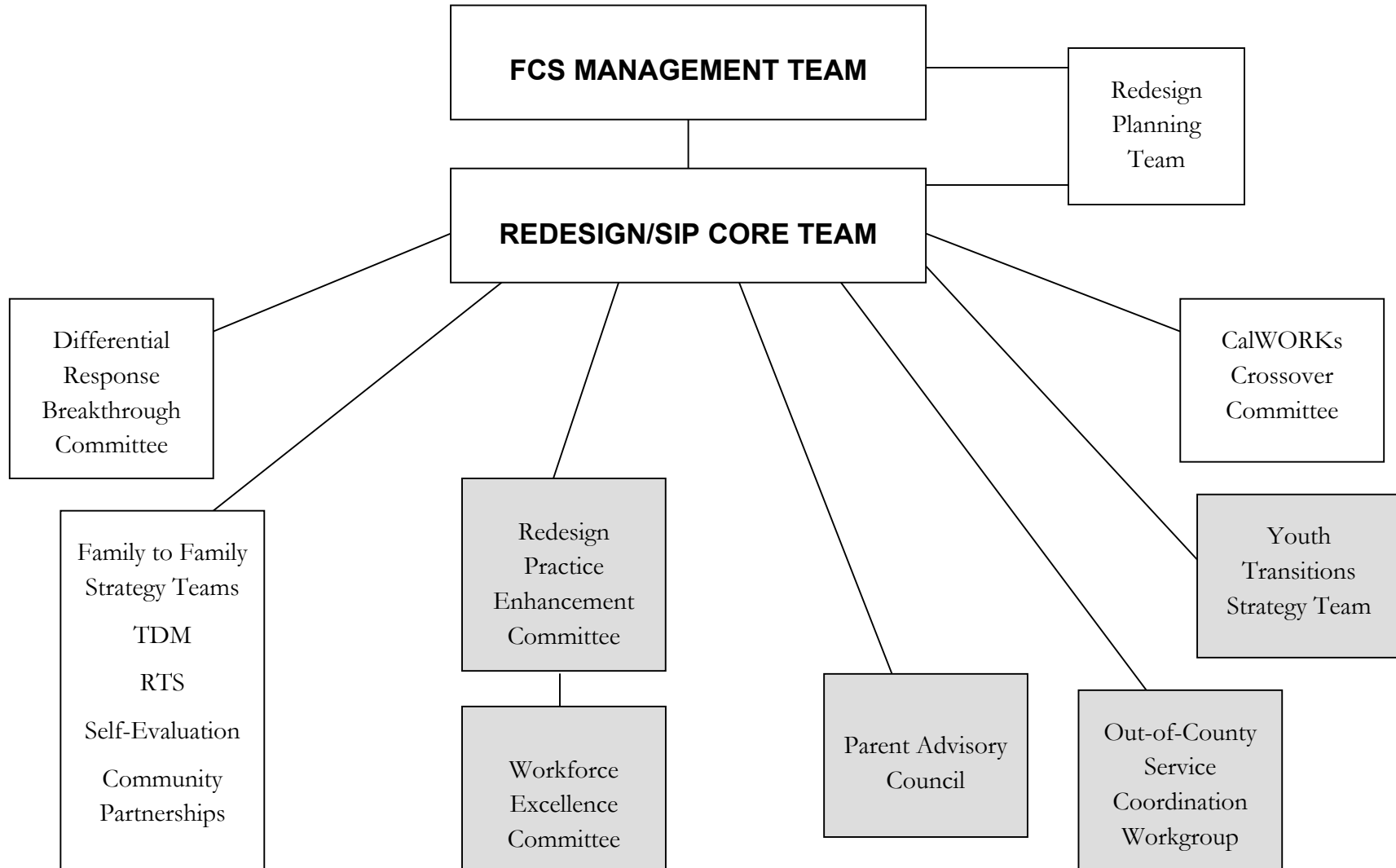
Implementing the SIP

The Core Team will play a critical role in SIP implementation. The Core Team will meet monthly to monitor the implementation of the SIP and to advise SFDHS FCS on ongoing policy and practice enhancements.

Where possible, SFDHS FCS has identified an existing committee or workgroup to assist in implementing the strategies and milestones in the SIP. However, several new workgroups are envisioned to address certain strategies. Please see the following page for a chart depicting the workgroups that will be involved in SIP implementation. SFDHS FCS will be establishing clear roles, responsibilities and SIP-related tasks for each of these workgroups.

To ensure effective implementation of the SIP, a Workforce Excellence Committee will be created to address training enhancements, accountability, cultural changes and workload analysis. Please see the chart in **Appendix B** for an outline of how the committee's work will enhance SIP implementation.

TEAMS INVOLVED IN REDESIGN/SIP IMPLEMENTATION*



The white boxes are existing bodies and the gray ones are bodies that will be created as a result of the SIP.

B. Findings that Support Qualitative Change

Redesign Readiness

SFDHS FCS applied for and received planning grant funds to initiate a process of engagement and discussion with supervisors and managers on various aspects of the California Child Welfare Redesign Systems Reform efforts and the new AB636 Outcomes and Accountability System. The initial planning phase took place from July 1, 2004 through April 15, 2004. As many of the activities were designed to educate and solicit feedback, this initial phase provided a strong foundation for development of the Self-Assessment and System Improvement Plan.

SFDHS FCS was striving to achieve three main outcomes during the planning phase:

- Develop a collective understanding among the FCS Management Team of the key areas of Redesign and AB636 and the key elements of County Self-Assessment and System Improvement Plan.
- Complete an assessment of SFDHS FCS Redesign/AB636 Readiness (Readiness Matrix).
- Establish a plan for on-going planning and integration of Redesign/AB636 implementation activities.

Activities completed during the planning phase included:

- Review of background materials (California Program Improvement Plan, California Child and Family Services Federal Review, The CWS Stakeholder's Final Report, CDSS Child Welfare Redesign Overview, Elements of the County Self-Assessment and System Improvement Plan)
- Completion of the Redesign Readiness Matrix. Responses were received from 11 FCS Management Team members and two focus groups comprised of a total 36 supervisors. Priority areas for improvement were (1) role of the court; (2) CMS-CWS data entry/utilization; (3) AB636 monitoring framework; (4) differential response; (4) flexible fiscal strategies; and (6) standardized practice
- Presentations at Supervisor's Advisory Council (SAC)
- All-Staff Division Meeting to Launch Redesign Implementation
- Presentation to the Human Services Commission
- Presentation and discussions with Family Resource Centers
- Presentation at DHS Expanded Executive Staff Meeting
- Completion of Independent Living Skills Program Assessment – Harder & Co. (consulting firm)

- Engagement of MIG, a Berkeley-based strategic planning firm, to assist with the transition from planning to implementation:
 - Completion of an Inventory of FCS Initiatives including recommendations.
 - Development of a plan to integrate Redesign with F2F
 - Identification of an organizational structure – Redesign Core and Action Teams to ensure ongoing input from staff, managers, inter/intra agency and community partners.
- Regular attendance at State meetings on CWS Redesign
- Initiated the planning for the Breakthrough Series Differential Response

Key Partner Interviews

In May 2004, MIG conducted confidential interviews with 24¹ individuals whom SFDHS FCS identified as key community and agency partners. See **Appendix D-1** for a complete list of those interviewed and their affiliation.

Interview participants discussed existing strengths, areas for improvement, opportunities, challenges and priority issues concerning community and inter-agency partnerships.

Respondents repeatedly highlighted the presence of talented and dedicated staff as well as an enduring commitment to community partnerships as principal strengths of existing partnerships. Respondents stressed that strengthening responsiveness and an on-going commitment to partners was an area still needing improvement, given its importance, however. Other characteristics identified as areas for improvement also included seeking input proactively from all partners and improving clarity in leadership and decision-making.

While interview participants discussed the possibility for additional community dialogue as the primary opportunity to strengthen partnerships, they agreed that budget and funding cuts as well as the complexity of bureaucracy and internal functioning pose significant challenges that may hinder the development of additional partnerships. Despite these challenges, respondents consistently prioritized the creation and support of community and inter-agency partnerships as an undertaking and also stressed the importance of strengthening internal FCS functioning in order to allow these partnerships to flourish.

Once the partner interviews were complete, MIG summarized the trends and presented detailed feedback in an interview summary. Please see **Appendix D-2** for the Partner Interview Summary. The Core Team reviewed the summary of these findings, and provided additional information to further refine and develop the analysis of existing and needed partnerships. The interview summary combined with this

¹ FCS identified a total of 30 individuals, but 6 of them either opted not to be interviewed or were unable to schedule an interview during the allotted time period (May 2004).

feedback was then used as the basis to develop Section G: Agency Collaborations, of the Self-Assessment. SFDHS FCS also referred to the results of community and agency partner interviews as a guide in developing the strategies of the SIP.

Internal Process Review

To inform both the Self-Assessment and System Improvement Plan, SFDHS FCS staff coordinated multiple internal discussions with the FCS Management Team and conducted a series of internal interviews with supervisors and section managers. Once the three priority outcome indicators were selected, SFDHS FCS staff created background sheets for each indicator so that both the Planning and Core Teams could be well informed of all existing efforts.

A. Management Team Review

- Completion of the Redesign Readiness Matrix.
- Special Management Team work sessions to review and clarify Redesign/AB636 expectations.
- Identification of dedicated time during Management Team Meetings to discuss Redesign/AB636 planning activities and review recommendations.

B. Staff Interviews

SFDHS FCS staff interviewed supervisors and section managers. David Turk, Section Manager, was interviewed regarding licensing units and functions, as well as information technology. Karen Sechser, Section Manager, was interviewed regarding adoptions program and procedures. Eugene Clements, Court Unit Supervisor, was interviewed around court structure and procedures such as noticing. Susan Arding, Section Manager, was interviewed regarding family maintenance and family reunifications practices. Carole White-Mountain, Child Welfare Worker, was interviewed regarding policies and services in relation to the Indian Child Welfare Act. Pat Burns, Labor Relations Manager, was interviewed regarding union involvement and bargaining agreements in the planning process. Christiane Medina, Program Analyst, was interviewed regarding quality assurance and staffing levels. Staff also gathered feedback from the Standardized Practice Committee on community services and the IT CMS staff.

SFDHS FCS staff summarized the interview results and included key findings in the Self-Assessment.

C. Internal Review of Existing Approaches

SFDHS FCS Planning Team staff provided background sheets for each priority outcome (see **Appendix D-3**). Staff documented current measurement, policy background, related factors, current strategies, and planned future strategies for each of the three priority outcome indicators. These background sheets highlighted numerous existing strategies employed by SFDHS FCS to address recurrence of maltreatment, re-entry into care, and the transition of youth to self-sufficient adulthood.

The Planning Team reviewed these background sheets, and distributed them to the Core Team for review. The Core Team workgroups referred to these background sheets throughout the development of the SIP goals and strategies to identify current practices to build on and to identify missing elements to create or strengthen.

Case Review

SF DHS FCS staff reviewed cases (from the First Quarter 2003 and Fourth Quarter 2002) for both re-entry into care and recurrence of maltreatment. The cases were identified by Safe Measures from CWS/CMS. Through the review, staff determined if the cases were active or closed, identified the major issues involved, and identified the prior disposition type. (See **Appendix D-4** for a more detailed review of findings.)

A. Review of Recurrence of Abuse Cases

SF DHS FCS staff reviewed 50 cases of recurrence of abuse where children were not removed from the home. Of these 13 did not appear to be recurrence of abuse or involved children who had been removed from the home.

Of the remaining 37 children, 13 children did not have an active case, 4 children were receiving family maintenance services at the time of recurrence, 7 children were in permanent placements, and 13 children had closed cases. The types of allegations included general neglect (27), caregiver absence (3), physical abuse (6), sex abuse (2), and emotional abuse (1). Thirteen of the 27 general neglect cases had substance abuse identified in the child abuse report. Only four of the 37 cases appeared to have been inconclusive cases. On average, the cases had five prior referrals to the recurrence.

Although the sample size was small, the data did not show a strong occurrence of re-abuse where prior investigations had been inconclusive. Most cases had an ongoing history with FCS. There was a balance between cases that had never been opened and cases that had received services and been closed. This suggests that the strategies should not be focused on one group over the other. Many of the cases involved substance abuse and affirmed the need to address substance abuse issues in the strategies.

B. Review of Re-Entry into Care Cases

SFDHS FCS staff reviewed cases for re-entry into care to better understand the underlying factors. SFDHS FCS staff reviewed 43 cases. Of these, 11 cases were excluded due to insufficient information or because they did not appear to be re-entries. Of the remaining 32 cases, 21 cases appeared to be active child welfare or family maintenance cases and 11 were closed cases. Of the 21 active cases, 13 involved substance abuse and 7 parents were in residential or outpatient drug treatment. The remaining causes were fairly well distributed.

Although the sample size was small, the data conflicted with a prior assumption that the majority of re-entry cases were closed cases that needed more aftercare services. The data showed that the majority were active cases, with child welfare case management. The percentage of substance abuse cases highlighted the weakness of SFDHS FCS's relationship with the substance abuse treatment system.

Staff and Community Focus Groups

Throughout the months of July and August 2004, MIG and DHS staff facilitated a series of eight focus groups with various FCS staff, birth parents (including Spanish-speaking birth parents), and youth. The purpose of the focus groups was to review and refine draft goals and further develop strategies for the SIP.

Ten staff members attended the focus group for Outcome Indicator #1; two staff members attended the focus group for Outcome Indicator #2; eight staff members attended a focus group to discuss both outcome indicators #1 and #2; 1 staff member attended a focus group to discuss Outcome Indicator #3; and another group of 10 Long-Term Placement Unit workers and one supervisor attended a focus group to discuss outcome #3 as well.

Additionally, 9 birth parents attended a focus group and 3 birth parents attended a Spanish-Speaking focus group to discuss both Outcome Indicators #1 and #2, and 12 youth, involved with both the child welfare and probation systems, attended a focus group for Outcome Indicators #3.

Common themes that emerged throughout focus group discussions for **Outcome Indicator #1** included:

- Both staff and families lack awareness and comprehensive information about all available services.
- Services need to be easily accessible and flexible to reflect individuals' unique needs.
- There is a need to address families' feelings of isolation (particularly those with language barriers) through supportive relationships with staff, peers, and the community.
- Families need to be included in the assessment and decision-making process through innovative approaches such as TDMs and family conferencing.

Common themes that emerged throughout focus group discussions for **Outcome Indicator #2** included:

- Families would benefit from enhanced visitation in home-like settings and comprehensive after-care services.
- Both staff and families lack awareness and comprehensive information about all available services.
- Services need to be easily accessible and flexible to reflect individuals' unique needs.
- There is a need to address families' feelings of isolation (particularly those with language barriers) through supportive relationships with staff, peers, and the community.
- Families need to be included in the after-care and decision-making process through innovative approaches such as TDMs and family conferencing.

Common themes that emerged throughout focus group discussions for **Outcome Indicator #3** included:

- There is a need to connect youth before and after emancipation, and in all placement types, with mentors and/or peer support groups.
- Transitional plans and after-care support services would be strengthened by the involvement of more family members, placement providers, and peer groups into the process.
- There is a need to enhance and expand ILSP to more youth in care.
- Foster care placements providers require training, support, and mentorship as well and could benefit from increased access to and involvement in ILSP and other youth service programs.

A summary of focus group findings for each outcome indicator was developed for Core and Planning Team review and these summaries are included in **Appendix D-5**. The summaries synthesized key themes across all focus group responses and also provided detailed suggestions and comments. The Planning Team discussed these findings and added information to help bring detail to comments and concerns. Core Team workgroups then used this focus group feedback to enhance and refine the SIP goals, strategies, and milestones during the Core Team workgroup sessions.

Best Practices Review

SFDHS FCS synthesized best practices from the field for addressing San Francisco's three priority outcomes. The synthesis included a review of Family to Family, CWS Redesign, Promoting Safe and Stable Families, California Department of Education: Educating California's Foster Youth, Youth Transition Funders Group: Connected by 25, California Permanency for Youth Project, and Community Network for Youth Development. Promising practices were also identified from interviews with key staff in counties that are recognized leaders in Family to Family or CWS Redesign implementation. Please see **Appendix D-6** for best practice summaries.

This review of current practices identified a series of specific strategies for building community partnerships and capacity, standardized assessment and team decision making, interagency coordination, and inclusive case planning. The review also revealed a series of strategies

more specific to Outcome Indicator #3, including supporting educational attainment, developing work and training opportunities, increasing financial literacy and assets savings, inclusive case planning and service integration, and permanency planning.

The best practices were summarized for each of the three outcome indicators and presented to the SIP Core and Planning Teams for review. Core Team workgroups discussed the best practices and identified areas where they could inform the goals, strategies, and milestones contained in the SIP.

II. SIP PLAN COMPONENTS

Outcome Indicator #1: Rate of recurrence of abuse/neglect in homes where children were not removed	
County's Current Performance: Our baseline performance is 11.5%, compared to 9.6% statewide.	
Overall Improvement Target: Reduce rate of recurrence of abuse/neglect in homes where children were not removed 11.5% to 8.6%.	
Improvement Goal 1.0: Increase the number of child welfare workers utilizing a standardized approach to assessment and placement decision making.	Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none"> ▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.
Education & Training Needed to Attain Goal: <ul style="list-style-type: none"> ▪ Technical assistance related to standardized assessment tools and processes. ▪ Clarity on whether a statewide assessment tool will be developed and distributed. ▪ Staff and provider training on standardized assessment. One important training goal is to clarify how standardized assessment tools and Team Decision Making meetings relate to and re-enforce one another. 	Regulatory or Statutory Changes Needed to Attain Goal: None

Strategy 1.1 Establish a standardized assessment tool/process for the hotline.				Strategy Rationale: A standardized assessment tool/process at the hotline will help to ensure that cases are being appropriately screened into the system or other response paths.			
Timeline Implementation: Year 1							
Milestone	1.1.1 Collect and evaluate possible tools, including existing FCS tools and any tools proposed by the state.	Timeframe	October-December 2004	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee ²
	1.1.2 Adapt existing or adopt new assessment tool.		January-June 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	1.1.3 Develop and document a standardized assessment procedure for the hotline.		July-September 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	1.1.4 Train staff and community partners on the tool and procedure.		July-September 2005		FCS Training Officer/Workforce Excellence Committee Co-Chair		Contracts Liaison/Breakthrough Committee Chair Differential Response Breakthrough Committee Community Partnership Strategy Team Community-based providers
	1.1.5 Host follow-up meetings with staff to assess the implementation of the tool and process and make refinements/improvements.		October-December 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee FCS Management Team

² Falope Fatunmise, Edgewood Center for Children & Families would like to be on the Differential Response Breakthrough Committee. Ensure the Breakthrough Committee also has participation from hotline and emergency response staff.

Strategy 1.2 Establish a standardized assessment tool/process for emergency response.				Strategy Rationale: A standardized assessment tool/process at emergency response will help to ensure that cases are receiving an appropriate disposition initially.			
Timeline for Implementation: Year 1							
Milestone	1.2.1 Collect and evaluate possible tools, including existing FCS tools and any tools proposed by the state.	Timeframe	October-December 2004	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee
	1.2.2 Incorporate Linkages “Screening for Income-related Needs of the Family” into the new assessment tool and/or process.		January-June 2005		Breakthrough Committee Chair		CalWORKs Linkages Coordinator
	1.2.3 Adapt existing or adopt new assessment tool.		January-June 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	1.2.4 Develop and document a standardized assessment procedure for the emergency response.		July-September 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	1.2.5 Train staff and community partners on the tool and procedure.		July-September 2005		FCS Training Officer/Workforce Excellence Committee Co-Chair		Contracts Liaison/Breakthrough Committee Chair Differential Response Breakthrough Committee
	1.2.6 Host follow-up meetings with staff to assess the implementation of the tool and process and make refinements/improvements.		October-December 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee FCS Management Team

Strategy 1.3 Implement Team Decision Making for all removal decisions.				Strategy Rationale: Utilizing a Team Decision Making approach will bring more voices into the decision-making process and lead to greater consistency in removal decisions. The approach can also help to link families to community-based services and natural support systems.			
Timeline for Implementation: Year 1							
Milestone	1.3.1 Require Team Decision Making for all emergency response removal decisions.	Timeframe	August 2004	Primary Responsibility	FCS Deputy Director	Key Partners	TDM Co-Chairs TDM Strategy Team
	1.3.2 Host meetings with emergency response staff to review progress and make refinements/improvements to the process.		September – October 2004		ER Program & Section Managers		TDM Co-Chairs TDM Strategy Team
	1.3.3 Require Team Decision Making for all FSU removal decisions.		December 2004		FCS Deputy Director		TDM Co-Chairs TDM Strategy Team
	1.3.4 Train FSU staff on Team Decision Making.		October-December 2004		FCS Training Officer		TDM Strategy Team FSU Section Managers
	1.3.5 Host meetings with FSU staff to review progress and make refinements/ improvements to the process.		January – February 2005		FSU & 3 rd Street Section Managers		TDM Strategy Team
	1.3.6 Build on initial pilot to establish an ongoing procedure for involving community partners in TDM meetings.		September – December 2004		CP/TDM Pilot Lead and Co-Lead		Community Partnership Co-Chairs Community Partnership Strategy Team TDM Strategy Team
	1.3.7 Refine TDM database.		September – October 2004		Self-Evaluation Co-Chairs		TDM Strategy Team Self-Evaluation Team
	1.3.8 Track, analyze and report on TDM progress.		November 2004-Ongoing		Self-Evaluation Co-Chairs		TDM Strategy Team Self-Evaluation Team

<p>Improvement Goal 2.0: Increase the number of child welfare workers consistently involving families, children and other partners in case planning and maintaining regular contact with families.</p>	<p>Changes in Systemic Factors Needed to Attain Goal:</p> <ul style="list-style-type: none"> ▪ Case Review System: SFDHS FCS will increase its focus on involving parents, children and youth, and extended family in case planning. ▪ Agency Collaborations: SFDHS FCS will increase its focus on involving agency and community partners in case planning. ▪ Relevant Management Information Systems: SFDHS FCS will more consistently track social worker visits in CWS/CMS. ▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.
<p>Education & Training Needed to Attain Goal:</p> <ul style="list-style-type: none"> ▪ Staff training is anticipated in many of the milestones to achieve the strategies. One important training goal is to clarify how inclusive decision making and case planning processes relate to one another and re-enforce one another—Multi-Disciplinary Teams/Administrative Reviews, Crossover Multi-Disciplinary Teams, Team Decision Making, Family Conferencing, family meetings, etc. 	<p>Regulatory or Statutory Changes Needed to Attain Goal:</p> <p>None</p>

Strategy 2.1 Ensure that SFDHS FCS emergency response, court dependency, family preservation and family maintenance workers actively involve families, a family’s natural support system, and agency and community partners in case planning. → Strongly encourage family meetings be held at the outset of each case.				Strategy Rationale: While many child welfare workers are utilizing an inclusive case planning approach, the practice is not consistent throughout the entire organization. Modeling, training and monitoring are needed.			
Timeline for Implementation: Year 1							
Milestone	2.1.1 Define the range of exemplary inclusive case planning activities and the resources needed.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Family Conferencing Specialist Edgewood Center for Children & Families Community-based providers Youth Mental Health Consultants
	2.1.2 Identify staff who exemplify quality casework and involve them in training and modeling for others.		April-June 2005		Redesign Coordinator/Workforce Excellence Co-Chair & FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Practice Enhancement Committee Workforce Excellence Committee

Milestone	2.1.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.	Timeframe	April-June 2005	Primary Responsibility	FCS Deputy Director	Key Partners	Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	2.1.4 Develop and conduct agency-wide practice enhancement training.		July-August 2005		FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee
Strategy 2.2 Consistent with SFDHS FCS agency-wide efforts, ensure that family maintenance workers make timely, quality visits (allowing for exceptions) in cases where children remain in the home.				Strategy Rationale: While many child welfare workers are visiting families in a timely, quality manner, the practice is not consistent throughout the entire organization. Modeling, training and monitoring are needed.			
Timeline for Implementation: Year 1							
Milestone	2.2.1 Define “quality” visits and exemplary casework. → Encourage home visits for families, the existing caseworker, and the new caseworker when cases transfer from one unit to another.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Birth parents formerly involved with the system Community-based providers Youth (Youth Task Force or California Youth Connection) Mental Health Consultants

Milestone	2.2.2 Identify staff who exemplify quality casework and involve them in training and modeling for others.	Timeframe	May-June 2005	Primary Responsibility	Redesign Coordinator/Workforce Excellence Co-Chair & FCS Training Officer/Workforce Excellence Committee Co-Chair	Key Partners	Redesign Practice Enhancement Committee Workforce Excellence Committee
	2.2.3 Establish an accountability process. → Report data on timely visits to the Mayor's office monthly. → Consider building ongoing practice discussions and modeling into unit meetings or "special excellence sessions." → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2005		FCS Deputy Director		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	2.2.4 Develop and conduct agency-wide practice enhancement training.		July-August 2005		FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee Community-based providers

Strategy 2.3 Ensure all families are appropriately assessed for substance abuse issues and linked to a comprehensive array of services.				Strategy Rationale: San Francisco’s self-evaluation shows that substance abuse is a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with the substance abuse treatment community will assist SFDHS FCS clients to access the support they need.			
Timeline for Implementation: Year 1							
Milestone	2.3.1 Establish an ongoing substance abuse partnership with the Department of Public Health. → Create a Substance Abuse Liaison from SFDHS FCS³ → Consider co-hosting a substance abuse symposium. → Consider expanding the involvement of child welfare workers in existing substance abuse councils. → Request data from treatment providers on treatment plans and results.	Timeframe	October-December 2004	Primary Responsibility	FCS Deputy Director & Substance Abuse Liaison	Key Partners	FCS Management Team Department of Public Health Director Planning and Evaluation Program Manager Breakthrough Committee Chair First Team
	2.3.2 Work with the Department of Public Health to prioritize substance abuse treatment slots for parents involved with the child welfare system.		July-September 2005		Substance Abuse Liaison		Department of Public Health Director

³ Consider making the Substance Abuse Liaison a full-time, dedicated position in future years.

Milestone	2.3.3 Work with Department of Public Health to re-examine the First Team's involvement in assessing substance abuse cases and linking parents to services. (1)	Timeframe	April-June 2005	Primary Responsibility	Substance Abuse Liaison	Key Partners	Department of Public Health Director Community-based substance abuse programs First Team
	2.3.4 Educate child welfare workers about existing substance abuse treatment providers to expand referrals and service coordination on behalf of families. → Distribute the substance abuse inventory published by Public Health. → Take workers on site visits to substance abuse treatment programs. → Convene partners to host resource fairs for child welfare workers.		January-March 2005 and ongoing		Substance Abuse Liaison & FCS Training Officer		Department of Public Health First Team
	2.3.5 Expand training opportunities for child welfare workers in substance abuse and mental health issues.		July-September 2005		FCS Training Officer		Department of Public Health First Team
	2.3.6 Inform the Court (panel attorneys, Commissioners, Judges) about existing substance abuse resources and engage them in advocating for enhanced services and supports for families.		April-June 2005		FCS Deputy Director & Substance Abuse Liaison		Court personnel

Milestone	2.3.7 Explore expanding AA and NA meetings that have child care at contracted community-based organizations and other community partners.	Timeframe	April-June 2005	Primary Responsibility	Substance Abuse Liaison & Family Preservation Coordinator	Key Partners	Family Resource Centers Contracts Manager
Strategy 2.4 Enhance coordination with the CalWORKs Linkages project to improve collaboration between Child Welfare and CalWORKs.				Strategy Rationale: San Francisco’s self-evaluation shows that the stressors associated with living in poverty are a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with CalWORKs services will assist SFDHS FCS clients to access the support they need.			
Timeline for Implementation: Year 1							
Milestone	2.4.1 Train child welfare and CalWORKs staff on Linkages protocols.	Timeframe	April-June 2005	Primary Responsibility	Linkages Coordinator	Key Partners	FCS Training Officer Crossover Co-Chairs Crossover Committee
	2.4.2 Implement Linkages Department-wide, beyond the Mission and Bayview pilots, including continued coordinated case planning Multi-Disciplinary Teams and partnerships with the Family Resource Centers.		July-September 2005		Linkages Coordinator FCS Crossover Co-Chair		Crossover Committee Family Resource Centers

Improvement Goal 3.0: Increase the number of families referred to FCS who are successfully connected to other public, private or community services or supports.				Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none">▪ Agency Collaborations: SF DHS FCS will enhance its relationships, communication and agreements with agency and community partners as described in the strategies and milestones.▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.			
Education & Training Needed to Attain Goal: <ul style="list-style-type: none">▪ Technical assistance on addressing confidentiality issues				Regulatory or Statutory Changes Needed to Attain Goal: <ul style="list-style-type: none">▪ Resolution of confidentiality issues to encourage more joint case planning with community and inter-agency partners			
Strategy 3.1 Establish “Differential Response”—a new intake system that has three response paths: (a) Community Response; (b) CWS Response; and (c) CWS High Risk Response.				Strategy Rationale: San Francisco’s assessment efforts show that a number of re-abuse cases were inconclusive initially. A new community response will allow SFDHS FCS to screen in vulnerable families and link them to the supports and services they need, even if a child welfare case is not opened.			
Timeline for Implementation: Year 1/2							
Milestone	3.1.1 Create a process for addressing confidentiality issues to promote case planning and service delivery partnerships.	Timeframe	October 2004-June 2005	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee Community Partnership Strategy Team Edgewood Center for Children & Families City Attorney’s Office
	3.1.2 Identify community partners who are interested in participating in Differential Response.		July-September 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee

Milestone	3.1.3 Establish a referral process and a way to track referrals to ensure that the connection between the family and provider is effectively completed.	Timeframe	October-December 2005	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee
	3.1.4 Identify resource needs to support the implementation of Differential Response.		January-March 2006		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	3.1.5 Develop relationships and/or contracts with community-based providers.		April-June 2006 and Ongoing		Breakthrough Committee Chair		Differential Response Breakthrough Committee Community Partnership Strategy Team Community-based providers
	3.1.6 Train staff and community, intra-agency, and inter-agency partners about Differential Response. → Create a coordinated training plan.		July-September 2006		Breakthrough Committee Chair		Differential Response Breakthrough Committee Community Partnership Strategy Team Community-based providers
	3.1.7 Designate an SFDHS FCS staff position to support the seamless transfer of cases referred to the Community Response Path.		October-December 2006		FCS Deputy Director		Contracts Liaison/Breakthrough Committee Chair Differential Response Breakthrough Committee
	3.1.8 Work with the Child Abuse Council to expand training for school-based therapists and other mandated reporters as differential response is implemented.		January-March 2007		Breakthrough Committee Chair & FCS Training Officer		Alan Fox, SafeStart Director Kathy Baxter, Child Abuse Council, Division Director

Strategy 3.2 Utilize existing networks of public, private, grassroots, natural/informal resources in communities where large numbers of families involved with the child welfare system live.				Strategy Rationale: Clear linkages to a broad array of community-based services allows SFDHS FCS to connect families to the supports and services they need. These services and supports are more likely to be accessible, familiar, and culturally competent. San Francisco’s assessment efforts show that SFDHS FCS needs to enhance the coordination among existing services and resources.			
Timeline for Implementation: Year 1/2							
Milestone	3.2.1 Initiate ongoing community – based network meetings in communities where large numbers of families involved with the child welfare system live to ensure ongoing information sharing and coordination.	Timeframe	October 2004-June 2005 and ongoing	Primary Responsibility	Family to Family Coordinator	Key Partners	Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SFUSD, Faith community
	3.2.2 Create a process for addressing confidentiality issues to promote case planning and service delivery partnerships.		October 2004-June 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee, Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, City Attorney’s Office, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SFUSD, Faith community

Milestone	3.2.3 Develop a process for making and receiving referrals, coordinating case planning and sharing service delivery between SFDHS FCS and intra-agency, inter-agency and community-based partners.	Timeframe	July-September 2005	Primary Responsibility	Family Preservation Coordinator & Breakthrough Committee Chair	Key Partners	Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SFUSD, Faith community
	3.2.4 Identify natural/informal resources who are already supporting families or who are interested in supporting families in their communities.		October-December 2005		Family Preservation Coordinator		Family to Family Coordinator, Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, Faith community
	3.2.5 Establish additional activities that community networks believe would support and strengthen families in their communities.		January-March 2006		Family Preservation Coordinator & Breakthrough Committee Chair		Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SFUSD, Faith community
	3.2.6 Identify resource needs of the community networks.		April-June 2006		FCS Deputy Director & Family Preservation Coordinator		Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team
	3.2.7 Develop new or amend existing contracts with community-based providers.		July-September 2006		Family Preservation Coordinator & Contracts Liaison		Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team
	3.2.8 Train staff and community, intra-agency, and inter-agency partners about the networks and their activities.		July-September 2006		Family to Family Coordinator & Family Preservation Coordinator		Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, FCS Training Officer

Strategy 3.3 Consistent with SFDHS FCS agency-wide efforts, ensure that emergency response, court dependency, family preservation and family maintenance workers consistently follow up on open cases that have been referred to other providers.				Strategy Rationale: San Francisco’s assessment efforts show that better coordination is needed among service providers. SFDHS FCS will strive to ensure that all workers consistently follow up on open cases referred to other providers to promote communication and quality service for the client.			
Timeline for Implementation: Year 2							
Milestone	3.3.1 Define quality follow up on cases that have been referred to other providers.	Timeframe	January –March 2006	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Mental Health Consultants Community-based and inter-Agency partners
	3.3.2 Identify staff who exemplify quality follow up and involve them in training and modeling for others.		May-June 2006		Redesign Coordinator & FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Practice Enhancement Committee Workforce Excellence Committee
	3.3.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2006		FCS Deputy Director		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	3.3.4 Develop and conduct agency-wide practice enhancement training.		July-August 2006		FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee

Outcome Indicator #2: % who re-entered within 12 months of reunification							
County's Current Performance: Our baseline performance is 24.8%, compared to 13.4% statewide.							
Overall Improvement Target: Reduce re-entries within 12 months of reunification from 24.8% to 20.5%.							
Improvement Goal 1.0: Increase the number of workers utilizing a standardized approach to reunification and assessment decision making.				Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none">▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.			
Education & Training Needed to Attain Goal: <ul style="list-style-type: none">▪ Technical assistance related to standardized assessment tools and processes.▪ Clarity on whether a statewide assessment tool will be developed and distributed.▪ Staff and provider training on standardized assessment. One important training goal is to clarify how standardized assessment tools and Team Decision Making meetings relate to and re-enforce one another.				Regulatory or Statutory Changes Needed to Attain Goal: None			
Strategy 1.1 Establish a standardized assessment tool/process for reunification.				Strategy Rationale: A standardized assessment tool/process at reunification will help to ensure that reunification decisions are being made in an appropriate and consistent manner.			
Timeline for Implementation: Year 2							
Milestone	1.1.1 Collect and evaluate possible tools, including existing FCS tools and any tools proposed by the state.	Timeframe	October-December 2005	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee TDM Strategy Team Court

Milestone	1.1.2 Adapt existing or adopt new assessment tool.	Timeframe	January-March 2006	Primary Responsibility	Breakthrough Committee Chair	Key Partners	Differential Response Breakthrough Committee
	1.1.3 Develop and document a standardized assessment procedure for reunification.		April-June 2006		Breakthrough Committee Chair		Differential Response Breakthrough Committee
	1.1.4 Train staff and community partners on the tool and procedure.		July-September 2006		FCS Training Officer		Contracts Liaison/Breakthrough Committee Chair Differential Response Breakthrough Committee
Strategy 1.2 Implement Team Decision Making for all reunification decisions.				Strategy Rationale: Utilizing a Team Decision Making approach will bring more voices into the decision making process to ensure decisions are appropriate and consistent. The approach can also help to link families to community-based services and natural support systems that can help to stabilize and support reunification.			
Timeline for Implementation: Year 2							
Milestone	1.2.1 Tailor the existing Team Decision Making protocol for reunification decisions. → Establish next steps/follow up procedures for community partners involved with cases.	Timeframe	April-June 2006	Primary Responsibility	TDM Co-Chairs	Key Partners	TDM Strategy Team Community Partnership Strategy Team
	1.2.2 Identify partners to involve in reunification Team Decision Making. → CASA expressed interest during SIP Planning.		April-June 2006		TDM Program Manager & FSU Program Manager		TDM Co-Chairs TDM Strategy Team FSU Section Manager Community Partnership Strategy Team
	1.2.3 Require Team Decision Making for all reunification decisions.		July-September 2006		FCS Deputy Director		TDM Co-Chairs TDM Strategy Team FSU Section Manager

Milestone	1.2.4 Train staff on reunification Team Decision Making.	Timeframe	July-September 2006	Primary Responsibility	FCS Training Officer	Key Partners	TDM Strategy Team FSU Section Manager
	1.2.5 Host meetings with staff to review progress and make refinements/ improvements to the process.		October-December 2006		FSU & 3 rd Street Section Managers		TDM Strategy Team TDM Strategy Team Co-Chairs
	1.2.6 Refine TDM database.		July-September 2006		Self-Evaluation Co-Chairs		TDM Strategy Team Self-Evaluation Team
	1.2.7 Track, analyze and report on TDM progress.		October 2006 and ongoing		Self-Evaluation Co-Chairs		TDM Strategy Team Self-Evaluation Team
Improvement Goal 2.0: Increase the number of child welfare workers consistently involving families, children, foster families and other partners in reunification case planning and service delivery and maintaining regular contact with families.				Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none">▪ Case Review System: SFDHS FCS will increase its focus on involving parents, children and youth, and extended family in case planning.▪ Agency Collaborations: SFDHS FCS will increase its focus on involving agency and community partners in case planning.▪ Relevant Management Information Systems: SFDHS FCS will more consistently track social worker visits in CWS/CMS.▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.			
Education & Training Needed to Attain Goal: <ul style="list-style-type: none">▪ Staff and provider training are anticipated in many of the milestones to achieve the strategies. One important training goal is to clarify how inclusive decision making and case planning processes relate to one another and re-enforce one another—Multi-Disciplinary Teams, Team Decision Making, Family Conferencing, family meetings, etc.				Regulatory or Statutory Changes Needed to Attain Goal: None			

Strategy 2.1 Ensure that emergency response, court dependency and family reunification workers engage birth families in their case planning as early as possible.				Strategy Rationale: Reunification timeframes are increasingly tight. To ensure that the family can achieve stability in the required timeframes, SFDHS FCS will strive to engage the family as quickly as possible in their case planning.			
Timeline for Implementation: Year 2							
Milestone	2.1.1 Define a range of effective early engagement strategies. → Range of strategies should include Team Decision Making and Family Conferencing	Timeframe	January –March 2006	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Differential Response Breakthrough Committee Breakthrough Committee Chair Families Parent Advisory Council Mental Health Consultants
	2.1.2 Identify staff who have had success with early engagement and involve them in training and modeling for others.		May-June 2006		Workforce Excellence Committee Co-Chairs & FCS Training Officer		Redesign Practice Enhancement Committee Workforce Excellence Committee
	2.1.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2006		FCS Deputy Director		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team

Milestone	2.1.4 Develop and conduct agency-wide practice enhancement training.	Timeframe	July-August 2006	Primary Responsibility	FCS Training Officer	Key Partners	Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee
Strategy 2.2 Ensure that SFDHS FCS court dependency and family reunification workers actively involve families, a family’s natural support system, and agency and community partners in reunification case planning in the initial stages after removal. → Strongly encourage family meetings be held at the outset of each case.				Strategy Rationale: San Francisco’s assessment shows that many families are isolated. Bringing the families natural supports and other providers into the case as early as promotes reunification success. Those supports can help the family toward reunification and potentially stay involved in supporting the family after reunification takes place.			
Timeline for Implementation: Year 1							
Milestone	2.2.1 Define the range of exemplary inclusive case planning activities and the resources needed.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Family Conferencing Specialist Community-based providers Mental Health Consultant
	2.2.2 Identify staff who exemplify quality casework and involve them in training and modeling for others.		April-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		Redesign Practice Enhancement Committee Workforce Excellence Committee

Milestone	2.2.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.	Timeframe	April-June 2005	Primary Responsibility	FCS Deputy Director	Key Partners	Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	2.2.4 Develop and conduct agency-wide practice enhancement training. → Include community partners and birth parents in training		July-August 2005		FCS Training Officer		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee Community-Based Organizations Parent Advisory Council
Strategy 2.3 Plan to implement icebreaker meetings where the child welfare worker, the birth family, the foster family and the child(ren) (when appropriate) meet to share information.				Strategy Rationale: The Annie E. Casey Foundation’s Family to Family Initiative has found that building relationships between birth and foster families can assist in reunification. In some cases, the foster family stays involved with a family after reunification as a mentor or support. The icebreaker meeting is the first step to building that relationship.			
Timeline for Full Implementation: Year 2							
Milestone	2.3.1 Gather additional information on the icebreaker strategy.	Timeframe	January –March 2006	Primary Responsibility	Family to Family Coordinator & RTS Strategy Team Co-Chairs	Key Partners	RTS Strategy Team Child Welfare Workers Foster Parents

Milestone	2.3.2 Develop an icebreaker protocol for SFDHS FCS.	Timeframe	May-June 2006	Primary Responsibility	RTS Program Manager	Key Partners	RTS Strategy Team RTS Strategy Team Co-Chairs Family to Family Coordinator
	2.3.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2006		FCS Deputy Director		Family to Family Coordinator RTS Strategy Team Co-Chairs RTS Strategy Team FCS Management Team
	2.3.4 Develop and conduct icebreaker training for child welfare workers and foster families.		July-September 2006		FCS Training Officer		Family to Family Coordinator RTS Strategy Team Co-Chairs RTS Strategy Team
Strategy 2.4 Utilize existing networks of public, private, grassroots, natural/informal resources in communities where large numbers of families involved with the child welfare system live.				Strategy Rationale: Clear linkages to a broad array of community-based services allows SFDHS FCS to connect families to the supports and services they need. These services and supports are more likely to be accessible, familiar, and culturally competent. San Francisco’s assessment efforts show that SFDHS FCS needs to enhance the coordination among existing services and resources.			
Timeline for Implementation: Year 1/2							

Milestone	2.4.1 Initiate ongoing community –based network meetings in communities where large numbers of families involved with the child welfare system live to ensure ongoing information sharing and coordination.	Timeframe	October 2004-June 2005 and ongoing	Primary Responsibility	Family to Family Coordinator	Key Partners	Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SF Private Industry Council, SFUSD, Faith community
	2.4.2 Create a process for addressing confidentiality issues to promote case planning and service delivery partnerships.		October 2004-June 2005		Breakthrough Committee Chair		Differential Response Breakthrough Committee, Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, City Attorney’s Office, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SF Private Industry Council, SFUSD, Faith community
	2.4.3 Develop a process for making and receiving referrals, coordinating case planning and sharing service delivery, and monitoring outcomes between SFDHS FCS and intra-agency, inter-agency and community-based partners. → Among the activities and processes discussed, ensure that enhanced visitation is addressed in the first year.		July-September 2005		Family Preservation Coordinator & Breakthrough Committee Chair		Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, City Attorney’s Office, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SF Private Industry Council, SFUSD, Faith community

Milestone	2.4.4 Establish additional activities that community networks believe would support and strengthen families in their communities. → Expand enhanced visitation based on planning done through milestone 2.4.3.	Timeframe	October-December 2005 (for budgeting) January-March 2006 (for implementation)	Primary Responsibility	Family Preservation Coordinator & Breakthrough Committee Chair	Key Partners	Community Partnership Strategy Team Co-Chairs, Community Partnership Strategy Team, City Attorney's Office, Family Resource Centers, Edgewood Center for Children & Families, DHS Housing and Homeless, San Francisco Housing Authority, CalWORKs Linkages, Mental Health, Substance Abuse, SF Private Industry Council, SFUSD, Faith community
	2.4.5 Identify resource needs of the community networks.		April-June 2006		FCS Deputy Director & Family Preservation Coordinator		Community Partnership Strategy Team Co-Chairs Community Partnership Strategy Team
	2.4.6 Develop new or amend existing contracts with community-based providers.		July-September 2006		Family Preservation Coordinator & Contracts Liaison		Community Partnership Strategy Team Co-Chairs Community Partnership Strategy Team
	2.4.7 Train staff and community, intra-agency, and inter-agency partners about the networks and their activities.		July-September 2006		Family to Family Coordinator & Family Preservation Coordinator		Community Partnership Strategy Team Co-Chairs Community Partnership Strategy Team FCS Training Officer
Strategy 2.5 Consistent with SFDHS FCS agency-wide efforts, ensure that family reunification workers make timely, quality visits (allowing for exceptions) for all families working toward reunification.				Strategy Rationale: While many child welfare workers are visiting families in a timely, quality manner, the practice is not consistent throughout the entire organization. Modeling, training and monitoring are needed.			
Timeline for Implementation: Year 1							

Milestone	2.5.1 Define “quality” visits and exemplary casework. → Explore encouraging meetings between workers when cases transfer from one unit to another.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Birth parents formerly involved with the system Youth (Youth Task Force or California Youth Connection) Community-based providers Mental Health Consultants
	2.5.2 Identify staff who exemplify quality casework and involve them in training and modeling for others.		May-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		Redesign Practice Enhancement Committee Workforce Excellence Committee
	2.5.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2005		FCS Deputy Director		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	2.5.4 Develop and conduct agency-wide practice enhancement training.		July-August 2005		FCS Training Officer		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee

Milestone	2.6.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.	Timeframe	April-June 2006	Primary Responsibility	FCS Deputy Director	Key Partners	Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	2.6.4 Develop and conduct agency-wide practice enhancement training.		July-September 2006		FCS Training Officer/Workforce Excellence Committee Co-Chair		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee
Strategy 2.7 Create a Parent Advisory Council to provide ongoing feedback to SFDHS FCS about the experience of birth families who are involved or have been involved with the system and advise the Department on needed systemic changes.				Strategy Rationale: San Francisco’s assessment indicated that ongoing feedback from clients and partners would be extremely beneficial to SFDHS FCS as it strives to improve its system. The feedback from the Parent Advisory Council will be utilized to make continuous program and policy improvements.			
Timeline for Implementation: Year 1							
Milestone	2.7.1 Explore partnering with Parents Anonymous to create a Parent Advisory Council.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Parents Anonymous Family to Family Coordinator
	2.7.2 Create and facilitate ongoing Parent Advisory Council.		April-June 2005		Redesign Coordinator		SFDHS FCS Ombudsman
	2.7.3 Develop a process for two-way communication between the FCS Management Team and the Parent Advisory Council.		June 2005-Ongoing		Redesign Coordinator		FCS Management Team SFDHS FCS Ombudsman Parent Advisory Council

Improvement Goal 3.0: Reduce reunification failures due to substance abuse or mental health relapse.				Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none">▪ Agency Collaborations: SFDHS FCS will increase its focus on involving agency and community partners in case planning.▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.			
Education & Training Needed to Attain Goal: <ul style="list-style-type: none">▪ Staff and provider training are anticipated in many of the milestones to achieve the strategies. Important training goals are to increase awareness of substance abuse and mental health resources and to strengthen child welfare worker knowledge about substance abuse and mental health issues.				Regulatory or Statutory Changes Needed to Attain Goal: <ul style="list-style-type: none">▪ Advocate to modify the CWS/CMS case plan form. The existing form does not allow flexibility to create tailored, effective case plans.			
Strategy 3.1 For all families where substance abuse is a primary issue, ensure that the post-reunification support and service plans have a safety plan that addresses the possibility of relapse.				Strategy Rationale: San Francisco’s assessment revealed that a significant number of re-entry cases involved substance abuse relapse. A safety plan will help to ensure that a child will be safe and a family can readily get the help they need should relapse occur.			
Timeline for Implementation: Year 2							
Milestone	3.1.1 Define when a safety plan should be part of the post-reunification service plan and what the components of a quality safety plan should be. The plan could include the following: → A place for the child to go → An agency to work with the family → Natural, informal resources and supports → Doctor visits	Timeframe	January –March 2006	Primary Responsibility	TDM Section Manager	Key Partners	Redesign Practice Enhancement Committee TDM Strategy Team Birth parents formerly involved with the system First Team Mental Health Consultants

Milestone	3.1.2 Identify staff who exemplify quality casework in this area and involve them in training and modeling for others.	Timeframe	April-June 2006	Primary Responsibility	Workforce Excellence Committee Co-Chairs & FCS Training Officer	Key Partners	Redesign Practice Enhancement Committee Workforce Excellence Committee
	3.1.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		April-June 2006		FCS Deputy Director		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee FCS Management Team
	3.1.4 Develop and conduct agency-wide practice enhancement training.		July-August 2006		FCS Training Officer		Redesign Coordinator Redesign Practice Enhancement Committee Workforce Excellence Committee
	Strategy 3.2 Ensure all families are appropriately assessed for substance abuse issues and linked to a comprehensive array of services.				Strategy Rationale: San Francisco’s self-evaluation shows that substance abuse is a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with the substance abuse treatment community will assist SFDHS FCS clients to access the support they need.		
Timeline for Implementation: Year 1							

Milestone	3.2.1 Create a substance abuse liaison from the FCS Management Team with the Department of Public Health. → Consider co-hosting a substance abuse symposium. → Consider expanding the involvement of child welfare workers in existing substance abuse councils. → Request data from treatment providers on treatment plans and results.	Timeframe	October-December 2004	Primary Responsibility	FCS Deputy Director & Substance Abuse Liaison	Key Partners	FCS Management Team Department of Public Health Director Planning and Evaluation Program Manager Breakthrough Committee Chair First Team
	3.2.2 Work with the Department of Public Health to prioritize substance abuse treatment slots for parents involved with the child welfare system.		July-September 2005		Substance Abuse Liaison		Department of Public Health Director
	3.2.3 Work with Department of Public Health to re-examine the First Team's involvement in assessing substance abuse cases and linking parents to services.		April-June 2005		Substance Abuse Liaison		Department of Public Health Director Community-based substance abuse programs First Team

Milestone	3.2.4 Educate child welfare workers about existing substance abuse treatment providers to expand referrals and service coordination on behalf of families. → Distribute the substance abuse inventory published by Public Health. → Take workers on site visits to substance abuse treatment programs. → Convene partners to host resource fairs for child welfare workers.	Timeframe	January-March 2005 and ongoing	Primary Responsibility	Substance Abuse Liaison & FCS Training Officer	Key Partners	Department of Public Health First Team
	3.2.5 Expand training opportunities for child welfare workers in substance abuse and mental health issues.		July-September 2005		FCS Training Officer		Department of Public Health First Team
	3.2.6 Inform the Court (panel attorneys, Commissioners, Judges) about existing substance abuse resources and engage them in advocating for enhanced services and supports for families.		April-June 2005		FCS Deputy Director & Substance Abuse Liaison		Court personnel
	3.2.7 Explore expanding AA and NA meetings that have child care at contracted community-based organizations and other community partners.		April-June 2005		Substance Abuse Liaison & Family Preservation Coordinator		Family Resource Centers

Strategy 3.3 Ensure all families are appropriately assessed for mental health issues and linked to a comprehensive array of services.				Strategy Rationale: San Francisco’s self-evaluation shows that mental health is a factor in a significant number of cases where children re-enter care. Establishing stronger linkages with the mental health treatment community will assist SFDHS FCS clients to access the support they need.			
Timeline for Implementation: Year 2							
Milestone	3.3.1 Ensure FCS Management Team representation at standing FCMHP/DHS meetings.	Timeframe	October-December 2005	Primary Responsibility	CHDP Liaison	Key Partners	FCS Management Team FCMHP
	3.3.2 Coordinate with A Home Within to implement study of gaps in mental health treatment for foster children.		October-December 2005		Redesign Coordinator		Kelley Abrams, “A Home Within” Principal Investigator Zellerbach Foundation FCMHP Court
	3.3.3 Strengthen the FCS Liaison with DPH/ Mental Health to identify issues to be addressed and promote collaboration.		October-December 2005		CHDP Liaison		FCS Management Team Department of Mental FCMHP
Strategy 3.4 Implement Team Decision Making for all reunification decisions.				Strategy Rationale: Utilizing a Team Decision Making approach will bring more voices into the decision making process to ensure decisions are appropriate and consistent. Involving substance abuse counselors for families where substance abuse has been a factor will help to create a reunification support plan that is tailored to the family’s strengths and needs.			
Timeline for Implementation: Year 2							

Milestone	3.4.1 Create a process for including substance abuse counselors in TDM meetings.	Timeframe	April-June 2006	Primary Responsibility	TDM Co-Chairs	Key Partners	Department of Public Health Director First Team Community-based substance abuse treatment providers
Improvement Goal 4.0: Increase the percentage of cases that are stabilized in the 6-month family maintenance phase following reunification.				Changes in Systemic Factors Needed to Attain Goal: <ul style="list-style-type: none">▪ Agency Collaborations: SFDHS FCS will increase its focus on involving agency and community partners in case planning.▪ Staff/Provider Training & Quality Assurance: SFDHS FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.			
Education & Training Needed to Attain Goal: <ul style="list-style-type: none">▪ Technical assistance on addressing confidentiality issues				Regulatory or Statutory Changes Needed to Attain Goal: <ul style="list-style-type: none">▪ Resolution of confidentiality issues to encourage more joint case planning with community and inter-agency partners			
Strategy 4.1 Utilize existing networks of public, private, grassroots, natural/informal resources in communities where large numbers of families involved with the child welfare system live.				Strategy Rationale: Clear linkages to a broad array of community-based services allows SFDHS FCS to connect families to the supports and services they need. Natural or informal resources can help to stabilize and support reunification when the child welfare worker is no longer working with the family.			
Timeline for Implementation: Year 2							
Milestone	4.1.1 Identify natural/informal resources who are already supporting families or who are interested in supporting families in their communities. → Establish peer parents or parent advocates to support families through the reunification process. → Identify someone, in addition to the worker, to visit and support the family on a regular basis.	Timeframe	July-September 2006	Primary Responsibility	Family Preservation Coordinator	Key Partners	Family to Family Coordinator Community Partnership Strategy Team Co-Chairs Community Partnership Strategy Team Faith community

Strategy 4.2 Enhance coordination with the CalWORKs Linkages project to support and stabilize families who are reunifying.				Strategy Rationale: San Francisco’s self-evaluation shows that the stressors associated with living in poverty are a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with CalWORKs services will assist SFDHS FCS clients to access the support they need.			
Timeline for Implementation: Year 1							
Milestone	4.2.1 Train Child Welfare and CalWORKS staff on AB429 protocols.	Timeframe	April – June 2005	Primary Responsibility	Linkages Coordinator	Key Partners	FCS Training Officer Crossover Co-Chairs Crossover Committee
	4.2.2 Implement Coordinated Case Planning Protocols for CalWORKs Families in Reunification, as stipulated by AB 429.		July-September 2005		Linkages Coordinator FCS Crossover Co-Chair		FCS Training Officer Crossover Committee
Strategy 4.3 Work with DHS Housing & Homeless, the San Francisco Housing Authority and other providers to prioritize affordable housing slots to support and stabilize families who are reunifying.				Strategy Rationale: San Francisco’s self-evaluation shows that affordable housing is a factor in a significant number of cases where children re-enter care. Establishing stronger linkages with housing services will assist SFDHS FCS clients to access the resources and support they need.			
Timeline for Implementation: Year 1							
Milestone	4.3.1 Establish FCS Liaison with DHS Housing and Homeless and SFHA.	Timeframe	October-December 04	Primary Responsibility	FCS Deputy Director	Key Partners	Mayor’s Office SF DHS Housing Manager
	4.3.2 Establish a baseline by examining the numbers of families and children who reunify annually.		October-December 04		Planning and Evaluation Program Manager		Redesign Coordinator FCS Housing Liaison

Milestone	4.3.3 Continue on-going participation at meetings with SFHA to explore possible collaborations.	Timeframe	January-March 05	Primary Responsibility	FCS Deputy Director	Key Partners	SFHA
	4.3.4 Identify SFHA contact to assist with problem-solving and disseminate contact information to staff.		January-March 05		Housing Liaison		SFHA
Strategy 4.4 Identify the factors that contribute to successful reunification to inform future practice enhancements.				Strategy Rationale: SFDHS FCS wants to expand its efforts to apply evidence from qualitative and quantitative research to improve practice. Since SFDHS FCS is faring most poorly in the area of re-entry within 12 months, the Department will take an in-depth look at how to promote reunification success.			
Timeline for Implementation: Year 2							
Milestone	4.4.1 Establish a group of partners to meet quarterly to discuss the factors that lead to reunification success and practice implications.	Timeframe	April-June 2006	Primary Responsibility	Workforce Excellence Committee Co-Chairs	Key Partners	Workforce Excellence Committee TDM Strategy Team Substance Abuse Treatment Programs Mental Health Birth parents formerly involved with the system Child welfare workers Foster families Youth
	4.4.2 Identify and compile existing research on the factors that lead to reunification success. → Look at the Invisible Child project through SAMSA, Umass (Youth, Kin, Foster parents, CWWWS)		July-September 2006		Planning and Evaluation Program Manager		Workforce Excellence Committee Co-Chairs Workforce Excellence Committee High Risk Infant Inter-Agency Council

Milestone	4.4.3 Talk to birth parents formerly involved with the system, youth, foster parents and child welfare workers about what leads to reunification success.	Timeframe	July-September 2006	Primary Responsibility	Workforce Excellence Committee Co-Chairs	Key Partners	SFDHS FCS Ombudsman SF Training Officer Parents Anonymous Workforce Excellence Committee Birth parents formerly involved with the system Child welfare workers Foster families Youth
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Outcome #3: Well-being of youth transitioning to self-sufficient adulthood	
<p>County's Current Performance: Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, welfare dependency. To address these risks, SFDHS FCS has adopted several measures, including a youth initiative to ensure that all youth have a plan that guarantees housing, employment, education, training, and healthcare. SFDHS FCS has partnered with Larkin Street Youth Services to begin implementing AB427, which created the Transitional Housing Placement Program for Emancipated Foster/Probation Youth, and has partnered with other local organizations to increase scholarship funds and to create Individual Development Accounts for former foster youth. SFDHS FCS has also reorganized and expanded its Independent Living Program to coordinate with One-Stop Employment Centers, to expand its services to youth as young as 14, and to create an after-care advisor position. SFDHS FCS has also joined the Honoring Emancipated Youth collaborative. San Francisco has also recently been chosen as one of four pilot sites for the Youth Transitions Initiative, a new strategy of Family to Family.</p>	
<p>Improvement Goal 1.0: Increase the number of youth age 8-18 in the San Francisco foster care system that achieve permanency (adoption or legal guardianship).</p>	<p>Changes in Systemic Factors Needed to Attain Goal:</p> <ul style="list-style-type: none"> ▪ Case Review System: SFDHS FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined specific approaches for involving youth and families in TDMs and other placement decisions in milestones 1.1.2, 1.2.2, 1.2.3, and in on-going case planning under Strategy 1.3. ▪ Foster/Adoptive Parent Licensing, Recruitment and Retention: SFDHS FCS will work with the youth and his or her family and extended family to identify permanent, lifelong connections.
<p>Education & Training Needed to Attain Goal:</p> <ul style="list-style-type: none"> ▪ Education and training for workers and placement providers on the supports available to youth and how to successfully navigate the systems. 	<p>Regulatory or Statutory Changes Needed to Attain Goal: None</p>

Strategy 1.1 Identify existing family, extended family, and other significant adults in a youth’s life who may be able to make a lifelong connection. → Work closely with youth to identify the significant adults in their lives.		Strategy Rationale: Research shows that youth who leave foster care without a permanent connection are more often homeless, unemployed, and disconnected from any community. Current youth services focus primarily on independent living and do not often address the need for every youth to have a family-like connection to which they can look for caring and support. Youth will enter adulthood more successfully when surrounded by strong, consistent role models, and more importantly, when surrounded by nurturing relationships.					
Timeline for Implementation: Year 1							
Milestones	1.1.1 Strengthen philosophy, policy and practice of achieving permanency for older youth.	Timeframe	April-June 2005	Primary Responsibility	FCS Deputy Director Workforce Excellence Committee Co-Chairs & FCS Training Officer	Key Partners	Workforce Excellence Committee; Youth; foster care providers; immediate and extended family; DHS staff; Probation Officers; teachers and other school staff; agency and community partners (including housing, employment, education and healthcare), and other significant adults
	1.1.2 Assess existing permanency planning review process to ensure that ongoing permanency discussions and efforts are being made		April-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		Court; LTP/ILSP Section Manager; Workforce Excellence Committee; Youth; foster care providers; immediate and extended family; DHS staff; Probation Officers; teachers and other school staff; agency and community partners (including housing, employment, education and healthcare), and other significant adults

Milestone	1.1.3 Implement training to help child welfare workers and placement providers identify and evaluate every care option available to youth, including kinship care, legal guardianship and adoption, as well as the incentives and supports that can accompany those options (e.g., adoption incentives, ongoing eligibility for independent living services, etc.)	Timeframe	April-June 2005	Primary Responsibility	FCS Training Officer	Key Partners	Family Preservation Coordinator, ILSP Coordinator, FCS Management Team, RTS Strategy Team, North American Council on Adoptable Children, California Permanency for Youth Project, Adoption Program Section Manager & Program Manager, Edgewood Center for Children & Families
	1.1.4 Create new strategies for recruiting permanent families for older youth.		October-December 2004		RTS Section Manager		LTP/ILSP Section Manager & Program Manager, LTP Workers, RTS Strategy Team, California Permanency for Youth Project, Adoption Program Section Manager & Program Manager, Edgewood Center for Children & Families
	1.1.5 Assess the current ILSP mentoring component to determine: 1) if youth find the program valuable; 2) whether SFDHS FCS has enough mentors to meet the needs of youth in care; 3) how youth, workers, placement providers or existing mentors might recommend enhancing or modifying the program.		April-June 2005		LTP/ILSP Section Manager		Workforce Excellence Committee; Self-Evaluation Team; ILSP Coordinator; Youth; CASA; foster care providers; faith community; Americorps; immediate and extended family; DHS staff; Probation Officers; teachers and other school staff; agency and community partners (including housing, employment, education and healthcare), and other significant adults
	1.1.6 Modify the mentoring component or create new mentoring opportunities based on the assessment findings in 1.1.5.		July-September 2005 and ongoing		LTP/ILSP Section Manager		Workforce Excellence Committee; ILSP Coordinator; Youth; CASA; foster care providers; immediate and extended family; DHS staff; Probation Officers; teachers and other school staff; agency and community partners (including housing, employment, education and healthcare), and other significant adults

Strategy 1.2 Establish support/ wraparound/consultation to foster families, kin, placement providers and mentors.		Strategy Rationale: There continues to be a need for comprehensive identification of existing services available to all types of caregivers and providers, and to coordinate services accordingly to ensure that placements are maintained by providing all youth and their caregivers with the most appropriate support services.					
Timeline for Implementation: Year 1							
Milestone	1.2.1 Identify the type of services available for foster families, kin and other placement providers.	Timeframe	October-December 2004	Primary Responsibility	RTS Co-Chairs	Key Partners	RTS Strategy Team DHS Planning
	1.2.2 Implement TDMs for all placement moves.		July-September 2006		FCS Deputy Director		TDM Strategy Team FCS Management Team
	1.2.3 Convene meetings between FFAs and group homes in order to assess existing support services, identify needs, and strategize service provision.		October-December 2004		FCS Deputy Director		Intake and Placement Supervisors FCS Management Team
	1.2.4 Conduct outreach and education about Foster Family Support Workers by clarifying and strengthening their role within the Department and providing information to foster care providers as well as other workers about their services and availability.		January- March 2005		RTS Section Manager		RTS Strategy Team
	1.2.5 Implement training to help child welfare workers, placement providers and mentors understand the range of supports and services available to youth, as well as how to navigate those systems.		July-September 2005		FCS Training Officer		Workforce Excellence Committee; Youth; foster care providers; immediate and extended family; DHS staff; Probation Officers; teachers and other school staff; agency and community partners (including housing, employment, education and healthcare), and other significant adults

Strategy 1.3 Ensure that SFDHS FCS court dependency, family reunification, and long-term placement workers actively involve youth, families, a family’s natural support system, and agency and community partners in case planning. → Strongly encourage family meetings be held each time there is a change of status to long-term placement..		Strategy Rationale: The involvement of all partners in case planning will help identify long-term, appropriate, and relevant supportive services and relationships for youth, while helping to build a community support system for the youth and facilitating the coordination of existing services.					
Timeline for Implementation: Year 1							
Milestone	1.3.1 Define the range of exemplary inclusive case planning activities and the resources needed.	Timeframe	January –March 2005	Primary Responsibility	Redesign Coordinator	Key Partners	Redesign Practice Enhancement Committee Family Conferencing Specialist Mental Health Consultants
	1.3.2 Identify staff who exemplify quality casework and involve them in training and modeling for others.		May-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		Redesign Practice Enhancement Committee Workforce Excellence Committee
	1.3.3 Establish an accountability process. → Consider building ongoing practice discussions and modeling into unit meetings or “special excellence sessions.” → Build in a clear role for supervisors and managers in accountability. → Build clear expectations into performance reviews for staff at all levels.		May-June 2005		FCS Deputy Director		Redesign Coordinator Workforce Excellence Committee Redesign Practice Enhancement Committee FCS Management Team
	1.3.4 Develop and conduct agency-wide practice enhancement training.		July-August 2005		FCS Training Officer		Redesign Coordinator Workforce Excellence Committee Redesign Practice Enhancement Committee

Improvement Goal 2.0: Develop an accurate statistical profile and a thorough assessment of services needed and provided for the population of youth who emancipated (case closure due to emancipation) in the last fiscal year (FY2003-2004) and those who emancipate throughout FY2004-2005.			Changes in Systemic Factors Needed to Attain Goal: Management Information Systems: SFDHS FCS has identified a lack of an appropriate tool and protocol to track profiles of youth in care and to communicate with Probation regarding services provided to youth. To address these needs, SFDHS FCS will implement baseline surveys of youth leaving care as outlined in Strategy 2.1 and initiate collaboration with Probation as outlined in Strategy 2.2. Agency Collaborations: Enhance coordination and collaboration with the Probation Department.				
Education & Training Needed to Attain Goal: Workers will require access to available data analysis from last year’s emancipating youth and a review of data gathered by Mandy Folse.			Regulatory or Statutory Changes Needed to Attain Goal: None				
Strategy 2.1: Conduct a survey of care providers (or Child Welfare Workers for youth in group homes if necessary) to develop a full profile of youth in care and analyze survey results to set baseline information.			Strategy Rationale: With comprehensive information on: 1) what services are often used or are still needed by emancipating youth; 2) the characteristics of youth leaving care and the services provided to them, SFDHS FCS and community will be better equipped to develop the most relevant supports, and to understand what array of supports are shown to be most successful. With baseline information from surveys, how youth fare through and beyond emancipation can also be reviewed.				
Timeline for Implementation: Year 1							
Milestone	2.1.1 Develop and implement a procedure to collect survey data each month as youth emancipate.	Timeframe	October-December 2004	Primary Responsibility	Planning and Evaluation Program Manager	Key Partners	Self-Evaluation Team
	2.1.2 Access State- and County-wide high school graduation rates for comparative data.		October-December 2004		Planning and Evaluation Program Manager		Self-Evaluation Team
	2.1.3 Assess baseline survey findings from youth who emancipated last year.		January-March 2005		Planning and Evaluation Program Manager		Self-Evaluation Team

Milestone	2.1.3 Develop a process to integrate survey findings and key feedback into existing communication and initiatives.	Timeframe	April-June 2005	Primary Responsibility	Redesign Coordinator	Key Partners	LTP/ILSP Section Manager, youth, foster families, kin and placement providers, child welfare workers
Strategy 2.2: Establish procedures to conduct on-going meetings and other communications with Probation in order to share information about youth served and the services provided.		Strategy Rationale: SFDHS FCS desires to increase communication with the Probation department to ensure coordination of services for youth common to both systems and to prevent child welfare youth from entering the Probation system in the future.					
Timeline for Implementation: Year 1							
Milestone	2.2.1 Initiate on-going meetings with Probation to explore possible collaborations.	Timeframe	August-September 2004	Primary Responsibility	LTP/ILSP Section Manager FCS Deputy Director	Key Partners	Probation Department CASA
	2.2.2 Track the pending legislation regarding the creation of simultaneous 300 and 600 status.		August-September 2004		Legislative Analyst		LTP/ILSP Section Manager FCS Deputy Director Probation Department
	2.2.3 Establish a baseline by examining the number of youth who have moved from 300 to 600 status.		August-September 2004		Planning and Evaluation Program Manager		LTP/ILSP Section Manager FCS Deputy Director Probation Department

<p>Improvement Goal 3.0: Ensure that of every youth that emancipates from the San Francisco Foster Care System⁴:</p> <p>A. X% of X% has sustainable housing.</p> <p>B. X% of X% demonstrates stable employment, income, or other financial support.</p> <p>C. X% of X% is enrolled in health care.</p>	<p>Changes in Systemic Factors Needed to Attain Goal:</p> <p>Case Review System: SFDHS FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined strategies for increasing participation in both emancipation and after-care planning under Strategies 3.1 and 3.2.</p> <p>Management Information Systems: To address a lack of standardized communication to ILSP when a youth is preparing to emancipate, SFDHS FCS has developed Milestone 3.2.5. In order to address the lack of documentation of a youth's health and education history, SFDHS FCS has developed specific steps to implement HEPs under Strategy 3.3.</p> <p>Agency Collaborations (with public and private agencies): To strengthen agency and community collaborations in case planning, after-care support services, and training for all who provide care to youth, especially those who fall through the cracks, SFDHS FCS has developed specific action steps under Strategies 3.1, 3.4, 3.5, 3.6, and 3.8.</p>
<p>Education & Training Needed to Attain Goal:</p> <ul style="list-style-type: none"> Information LTP/ILSP Unit regarding current emancipation meeting procedures Information regarding the new Youth Transitions Initiative 	<p>Regulatory or Statutory Changes Needed to Attain Goal:</p> <ul style="list-style-type: none"> Advocate at the State level to modify the standard TILP form to better capture the youth's strengths and needs Advocate at the Federal level to amend policies that restrict students (former foster care youth) from living in Federally-subsidized housing Advocate with local universities and other schools to allow former foster care youth to remain in student housing during school holidays
<p>Strategy 3.1 Ensure that all youth age 14 to 18 and all significant adults for youth in care are identified and are actively involved in ILSP and emancipation planning.</p>	<p>Strategy Rationale: The involvement of all partners in case planning will help identify long-term, appropriate, and relevant supportive services while helping to build a community support system for the youth and facilitating the coordination of existing services. The equal involvement of youth in this process helps prepare youth for adulthood, leadership, and additional responsibilities.</p>
<p>Timeline for Implementation: Year 1</p>	

⁴ These targets will be set once baseline data from the survey is collected and analyzed.

Milestone	3.1.1 Formalize a DHS policy to implement Emancipation Team Meetings (ETMs) for youth age 16 and older.	Timeframe	April- June 2005	Primary Responsibility	LTP/ILSP Section Manager	Key Partners	FCS Management Team FCS Training Officer/Workforce Excellence Committee Co-Chair
	3.1.2 Establish training and accountability tracking for supervisors and child welfare workers on early identification of youth (by age 14) and referral to ILSP services. → Track numbers/percentage of youth served in ILSP prior to emancipation over time.		April-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		FCS Management Team LTP/ILSP Section Manager ILSP Coordinator LTP workers Workforce Excellence Committee Quality Assurance Self-Evaluation Team
	3.1.3 Establish training and accountability tracking for child welfare workers and other potential ETM participants about the structure and process of ETMs. → Identify a Team Leader (e.g. the CWW). → Identify potential participants and their responsibilities. → Implement a procedure to communicate to ILSP when a youth is preparing to emancipate in order to trigger ETMs .		April-June 2005		Workforce Excellence Committee Co-Chairs & FCS Training Officer		FCS Management Team LTP/ILSP Section Manager ILSP Coordinator LTP workers Workforce Excellence Committee Quality Assurance

Milestone	3.1.4 Implement ETMs with all identified key partners. → Recognize and celebrate on-going cultural and other youth milestones or transitions with ETM participants.	Timeframe	July-September 2005	Primary Responsibility	3 rd Street Section Manager	Key Partners	LTP/ILSP Section Manager, FCS Management Team, ILSP Coordinator, youth, foster care providers, immediate and extended family, DHS staff, Probation Officers, teachers and other school staff, agency and community partners (including housing, employment, education and healthcare), and other significant adults
	3.1.5 Gather information from the State about making amendments to the existing State TILP policy and develop a modified TILP form based upon feedback from the State, youth advocacy organizations, and unit meetings.		January-June 2004		LTP/ILSP Section Manager		California Youth Connections HEY-EYAB Youth Task Force Self-Evaluation Team
Strategy 3.2 Ensure the active involvement of youth, foster parents, and relative caregivers in ILSP.		Strategy Rationale: When caregivers believe in and support programs for youth and are actively encouraged to participate with the youth, youth will more likely participate and engage as well. The presence of caregivers in youth programs will facilitate communication between support services and can increase the continuity and effectiveness of supports youth are receiving in and out of the home.					
Timeline for Implementation: Year 1							
Milestone	3.2.1 Initiate “caregiver” night at ILSP.	Timeframe	August-September 2004	Primary Responsibility	LTP/ILSP Section Manager & 3 rd Street Section Manager	Key Partners	ILSP Coordinator RTS Strategy Team Intake & Placement Supervisors
	3.2.2 Conduct targeted outreach about ILSP to relative caregivers and foster parents, including mailings addressed specifically to caregivers as well as youth.		January-March 2004 Outreach to caregivers: June& July Outreach to youth: January & August		LTP/ILSP Section Manager & 3 rd Street Section Manager		ILSP Coordinator

Milestone	3.2.3 Develop a training regarding youth development in partnership with City College.	Timeframe	January-March 2004	Primary Responsibility	Contracts Liaison & FCS Training Officer	Key Partners	LTP/ILSP Section Manager ILSP Coordinator
	3.2.4 Implement a variety of family- and adult-focused events through ILSP.		April-June 2005		LTP/ILSP Section Manager & 3 rd Street Section Manager		ILSP Coordinator
	3.2.5 Implement a procedure to communicate to ILSP when a youth is preparing to emancipate.		April-June 2005		LTP/ILSP Section Manager		FCS Management Team FCS Training Officer
Strategy 3.3 Every young adult who emancipates from the San Francisco Foster Care System has an HEP that documents citizenship status.		Strategy Rationale: Many youth in care repeatedly experience a change of placement and social worker. A comprehensive document of the youth’s health care, education, and other information can help ensure continuity across health, educational, and other support services provided, even if a change in placement or school occurs.					
Timeline for Implementation: Year 2							
Milestone	3.3.1 Establish a procedure for developing an HEP that identifies and outlines what an HEP should include, who is responsible for what, and the process for completing an HEP. → Train youth to maintain their own HEP.	Timeframe	July-September 2006	Primary Responsibility	Redesign Coordinator	Key Partners	FCS Management Team Department of Public Health Foster Youth Services CASA Community-based providers
	3.3.2 Initiate staff trainings and participate in FYS Task Force to review the requirements and development of an HEP.		April-June 2006		SFUSD Liaison		Foster Youth Services

Strategy 3.4 Partner with existing systems, including SFDHS Adult Services, to create a comprehensive support network and safety net for emancipating youth. ⁵			Strategy Rationale: Emancipating youth face unique risks of homelessness, unemployment or low-wage jobs, and low educational attainment. To help maintain and support success in school, employment, and other activities for youth in transition, existing resources can collaborate to create a comprehensive support network and safety net for youth.				
Timeline for Implementation: Year 1							
Milestone	3.4.1 Identify key agencies and community-based organizations that provide after-care support services.	Timeframe	January-March 2005	Primary Responsibility	Youth Transitions Chair	Key Partners	HEY participants, EYAB, Larkin Street, FCS After-Care Coordinator, Mental Health, existing after-care housing programs, Youth Task Force, Advocacy for THP+, FCS Contracts Liaison, CalWORKs; DHS Adult Services, SFUSD, EDD, DHS Housing and Homeless, Adult Probation
	3.4.2 Coordinate a County-wide network of formalized partnerships. → Make participation a component of SFDHS FCS contract with providers.		April-June 2005		Youth Transitions Chair		HEY participants, EYAB, Larkin Street, FCS After-Care Coordinator, Mental Health, existing after-care housing programs, Youth Task Force, Advocacy for THP+, FCS Contracts Liaison, CalWORKs; DHS Adult Services, SFUSD, EDD, DHS Housing and Homeless, Adult Probation
	3.4.3 Increase the number of emancipated youth served by ILSP after-care support services.		July-September 2005		LTP/ILSP Section Manager		ILSP Coordinator After-care Coordinator

⁵ Ideally, this network would support youth age 18-24. SFDHS FCS cannot serve youth through Independent Living Services after age 21.

Strategy 3.5 Work with DHS Housing & Homeless and the San Francisco Housing Authority to prioritize affordable housing slots to support and stabilize youth who have emancipated from foster care.			Strategy Rationale: Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, and welfare dependency. Coordinated efforts between existing after-care supports can help develop an adequate safety net or support network to address these risks and support long-term success after emancipation.				
Timeline for Implementation: Year 1							
Milestone	3.5.1 Establish FCS Liaison with DHS Housing and Homeless and SFHA.	Timeframe	October-December 04	Primary Responsibility	FCS Deputy Director	Key Partners	LTP/ILSP Section Manager Housing & Homeless Manager SFHA
	3.5.2 Continue participation at on-going meetings with SFHA to explore possible collaborations.		January-March 05		FCS Deputy Director		Housing Liaison ILSP Section Manager Housing & Homeless Manager SFHA
	3.5.3 Identify SFHA contact to assist with problem-solving and disseminate contact information to staff.		January-March 05		Housing Liaison		SFHA
Strategy 3.6 Develop a training for child welfare workers, caregivers, and community-based organizations regarding working with youth.			Strategy Rationale: Standardized trainings for service providers and caregivers that integrate both basic youth development (with emphasis on Special Health Care Needs and Mental Health concerns) and unique challenges faced by youth in care can increase the effectiveness of services provided, create an environment appropriate to the needs of individual youth, and enhance consistency of approaches used with youth in and out of the home.				
Timeline for Implementation: Year 2							

Milestone	3.6.1 Work with City College to develop a training for a comprehensive, developmental approach to working with youth. → Build on trainings that exist.	Timeframe	January-March 2006	Primary Responsibility	Contracts Liaison & FCS Training Officer	Key Partners	ILSP Coordinator; RTS Strategy Team; Intake & Placement Supervisors; LTP/ILSP Section Manager; City College; HEY participants; EYAB; Youth Initiative, Youth Task Force; Community Network for Youth Development; Youth Leadership Institute; California Consortium for School-Aged Children; Fight Crime/Invest in Kids; California Tomorrow; Youth Law Center; Legal Services for Children; National Center for Youth Law
	3.6.2 Implement trainings for caregivers around fostering independence in care.		April-June 2006		Contracts Liaison & FCS Training Officer		Kinship providers, foster care placement providers, ILSP Coordinator, 3 rd Street Section Manager
Strategy 3.7 Ensure that emancipating youth placed out-of-county are receiving appropriate emancipation services.		Strategy Rationale: Although SFDHS FCS maintains responsibility for youth placed out of county, services provided for youth in transition vary greatly across counties with insufficient procedures to guarantee consistency.					
Timeline for Implementation: Year 2							
Milestone	3.7.1 Create an internal DHS Task Force to explore cross-county coordination of services to address the emancipation of out-of-county youth.	Timeframe	October-December 2005	Primary Responsibility	LTP/ILSP Section Manager	Key Partners	Out-of-County Service Coordination Workgroup FCS Management Team ILSP Coordinator

Strategy 3.8 Implement the Foster Youth Transition Project in order to develop a framework to assist foster youth transition programs to successfully emancipate youth ages 14-21 from foster care to the community.			Strategy Rationale: A formal collaboration of existing youth transition programs can help strengthen and increase consistency across services while providing a framework to achieve Goals 3 and 4 outlined here.				
Timeline for Implementation: Year 1/2							
Milestone	3.8.1 Participate in foster youth transition expert discussion groups with community-based organizations and DHS staff to discuss best practices in pre- and post-secondary education, employment, training, housing, workforce development, and personal/social asset development.	Timeframe	July-September 05	Primary Responsibility	Youth Transition Committee Chair	Key Partners	ILSP staff Workforce Excellence Committee Youth Transitions Committee
	3.8.2 Administer a self-assessment tool that examines strengths and challenges in foster youth transitional services.		October-December 05		Youth Transition Committee Chair		Self-Evaluation ILSP Staff Youth Transitions Committee
	3.8.3 Develop a multi-year strategic plan to address the strengths and challenges identified in the assessment.		April-June 2006		Youth Transition Committee Chair		HEY participants; EYAB; Youth Initiative, Youth Task Force; Community Network for Youth Development; Youth Leadership Institute; California Consortium for School-Aged Children; Fight Crime/Invest in Kids; California Tomorrow; Youth Law Center; Legal Services for Children; National Center for Youth Law

Improvement Goal 4.0⁶: Increase the % of youth graduating from high school or vocational training from X% to X% and increase the amount of youth emancipating with documented links to continuing education and/or vocational training from X% to X% (Determine percentages when profile is complete).				Changes in Systemic Factors Needed to Attain Goal: Agency collaborations (with public and private agencies): SFDHS FCS has addressed the need to increase community partners in case planning and decision-making by facilitating communication and collaboration across agencies regarding a youth’s educational path through Strategies 4.1 and 4.2. Management Information Systems: SFDHS FCS has identified and addressed the need to standardize and expand educational support services to all youth in care and educate workers about this protocol through Strategy 4.3.			
Education & Training Needed to Attain Goal:				Regulatory or Statutory Changes Needed to Attain Goal: None			
Strategy 4.1 Connect with an existing significant adult who can monitor school progress, attend IEPs, TDMs and other meeting forums, and communicate with the school, foster care providers, and child welfare worker.			Strategy Rationale: Youth in foster care often lack but could greatly benefit from an advocate for their educational needs (as opposed to requirements) that is familiar with their strengths and challenges and can track their educational history even if placements or schools change.				
Timeline for Implementation: Year 2/3							
Milestone	4.1.1 Partner with existing youth and educational advocacy groups to identify needs of youth (who is receiving what educational support services).	Timeframe	April-June 2006	Primary Responsibility	SFUSD Liaison	Key Partners	LTP/ILSP Section Manager ILSP Coordinator FYS Coordinator CASA Trainings Youth Mentors

⁶ Also include all strategies listed under Goal #3

Milestone	4.1.2 Create a workplan that outlines procedures for identifying a significant adult and key responsibilities.	Timeframe	October-December 2006	Primary Responsibility	Youth Transitions Committee Chair	Key Partners	Youth Transitions Initiative Workgroup Workforce Excellence Committee Contracts Liaison RTS Strategy Team Kinship Section Manager ILSP Coordinator
Strategy 4.2 Establish collaborations between DHS and School District staff (including Special Education, Counselors) and other key partners.		Strategy Rationale: Cross-agency collaborations can serve to better track the numbers of youth in care enrolled in which schools and receiving which educational supports, and this information can be used to develop models of successful educational support. With increased communication and sharing of information and resources, educational and service providers can also address unique challenges of youth in care and help prevent inappropriate tracking or promotion.					
Timeline for Implementation: Year 1/2							
Milestone	4.2.1 Disseminate documentation regarding school suspension procedures to DHS staff and caregivers.	Timeframe	October-December 2004	Primary Responsibility	SFUSD Liaison	Key Partners	Foster Youth Services
	4.2.2 Initiate collaborative trainings.		January-March 2006		SFUSD Liaison		SFUSD School Health Programs
Strategy 4.3 Implement AB490.		Strategy Rationale: Many youth in care, in any type of placement, often face challenges of transportation, educational support, and consistency of support services. It is therefore crucial that educational support services are expanded to youth beyond those in group homes.					
Timeline for Implementation: Year 2							

Milestone	4.3.1 Examine current policies and procedures to determine what needs to be addressed in order to facilitate the implementation of AB490.	Timeframe	January-March 2006	Primary Responsibility	SFUSD Liaison FCS Training Officer	Key Partners	Foster Youth Services FCS Management Team
	4.3.2 Implement staff training on the policies and procedures of AB490.		April-June 2006		SFUSD Liaison FCS Training Officer		Foster Youth Services FCS Management Team

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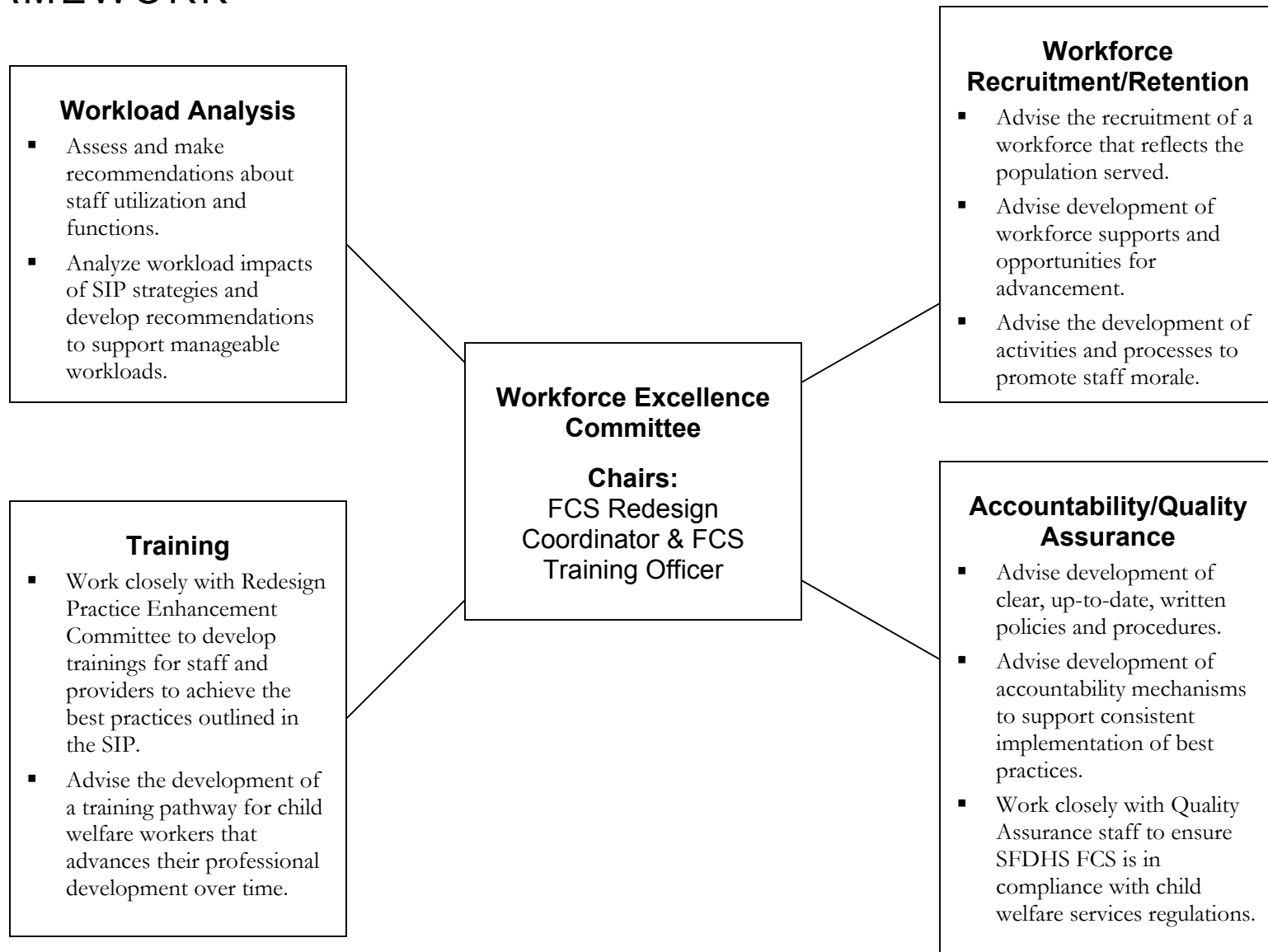
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APPENDIX B: WORKFORCE EXCELLENCE COMMITTEE FRAMEWORK



APPENDIX C: SUMMARY ASSESSMENT

V.A Discussion of System Strengths and Areas Needing Improvements

The City and County of San Francisco is in flux. After a decade of declining entries into care, the rate of new entries began to rise in 2001. The economic recession, combined with climbing costs of housing, reactivated historic trends of disproportion in foster care for Native Americans and African Americans. The backdrop for this disproportion is a flight of families from San Francisco, and increased isolation of remaining low-income families. That dynamic is reflected in the fact that San Francisco has the lowest children's population of any urban area in the United States, but a rate of first entries into care (4.3 per 1,000) that is much higher than the statewide average (2.9).

The San Francisco Department of Human Service's (SF-DHS) performance on the California Child and Family Services Review outcome indicators suggests high rates of entry and re-entry into care, but relative stability while in foster care.

Children are First and Foremost Protected from Abuse and Neglect

While SF-DHS is cautious about comparing itself to statewide data, it is the only comparison available, and it creates a context for the baseline. For San Francisco, the rate of recurrence of child maltreatment is higher than the statewide performance on each of the three outcome indicators. For example, the state measure, which is based on a cohort of children reported for abuse, reveals that 16.7% of those children will have another substantiated report within twelve months, as compared to a statewide average of 14.6%. This trend has been true for the last five years. The recurrence of maltreatment in homes where children were not removed is also high, 11.5%, compared to the statewide average of 9.5%.

Families in San Francisco are polarized between the affluent and the low income. In particular, the flight of families from the Southeast appears to have isolated the most disadvantaged families, those who did not have the resources to leave. As a result, SF-DHS finds itself working with families that have more intractable needs -- substance abuse, mental illness, housing, and poverty -- and fewer informal resources from kin -- emotional support, financial help, babysitting, advocacy. A preliminary finding of a current study of disproportion in foster care is that some African American families appear to use the SF-DHS child welfare system as a means of gaining access to services.

The lack of informal, family resources is compounded by the formal service system's fragmentation. Compared to other counties, San Francisco is rich in services. These services, however, are not well coordinated. When SF-DHS investigates a child abuse report and finds that it does not reach a level of seriousness to justify departmental intervention, or when it investigates and finds the evidence inconclusive, it might make a referral to a community based organization for family support services, but there is little coordination. Families may or

may not follow through. If a case is not opened, the community-based organizations are seldom notified about referrals. The child abuse reporting hotline is the community's way of expressing concern about high-risk families, even if their behavior does not reach the threshold of child maltreatment, but SF-DHS is not organized to intervene early, before families reach a crisis point.

The state report on timely social worker visits with children shows an apparently low figure, just 41.6% of cases have timely visits, but SF-DHS is certain that this is due to data entry policies. Until May, 2004, SF-DHS did not require that face-to-face contacts be inputted into the statewide database. In quality assurance and supervisory reviews of paper case files, SF-DHS has not found that timely visits are a deficiency. As workers implement the new policy of inputting case contacts, this measure should improve sharply.

Although it can always do better, SF-DHS does well with timely response to reports of child maltreatment, meeting with children 91.5% of the time for 10 day response periods and 93.7% for immediate response. Its rate of children being abused or neglected while in foster care (<1%) is very low, and is comparable to statewide averages, but SF-DHS would like to reduce the incidence to zero.

Permanency and Stability

SF-DHS does relatively well in providing stable care for children and moving them to permanent living situations within a reasonable time. For example, SF-DHS is doing better than other counties on minimizing the number of moves that children experience in care. Over 90% of the children brought into care have two or less moves in their first twelve months. Since SF-DHS does not use a shelter for initial placement, it is able to avoid a lot of short-term, temporary placements. Also, San Francisco emphasizes relative care more than other counties, and these placements are more stable. San Francisco seems to be on a par with the rest of the state in moving children to adoption within 24 months.

In reunifying children with their families, SF-DHS' most recent performance is below the statewide average. Among a cohort of children brought into care, only 28.4% were reunified within twelve months, compared with a statewide average of 34.6%. Over the last five years, however, San Francisco has consistently reunified children at a higher rate than the statewide average, dropping only during the most recent reporting period. SF-DHS is not sure if this is an aberration or if it is tied to the citywide trend of vulnerable families becoming more isolated. It will be monitoring this measure closely.

Of more immediate concern to SF-DHS is the number of children who re-enter care after having been reunified with their families. Almost 25% of children who are reunified come back into care within twelve months. Statewide, the average is only 13.4%. Moreover, this has been a pattern over the last five years. SF-DHS views this trend in conjunction with the high rates of recurrence of maltreatment in homes where children are not removed. **According to the AB 636 outcome indicators, SF-DHS provides stable, safe homes for**

children in care, as well as reasonable timelines for permanency, but it does less well in protecting children while they are with their families.

It has already been mentioned that SF-DHS does not coordinate well with service providers for families who are at risk for having their children enter foster care. This is true for families who have had their children returned. **While San Francisco has a comparatively rich array of services, it is lacking in aftercare.** A common scenario is that workers reunify children with mothers who are in a twelve-month residential drug treatment. When mothers emerge from the sheltered setting, however, they often relapse and are the subject of new reports. Because SF-DHS knows the family's history of child maltreatment, the child is more likely to be removed and thus re-enter care.

SF-DHS needs to work with partners to create a more coordinated, wrap-around type of service system that can respond coherently to families trying to stay together or to reunify and sustain support after reunification. This requires that services with the non-profit community be better coordinated, especially to breach the isolation of high-risk families. For the last year, the Department has been using a team decision-making process to include relatives and community members in decisions about changes in placement, and it is now expanding this process to include decisions about whether to remove children from their families.

Many of the issues facing families are so large, however, that only public sector agencies have the resources to meet them. They include housing, entrenched poverty, substance abuse, and mental health. Families that have their children removed in San Francisco generally fall into one of three clusters, according to their housing: 1) homeless; 2) living in public housing; and 3) living in single room occupancy hotels. SF-DHS needs to work more closely with its own Homeless and Housing Division, as well as with the Housing Authority, to better identify high risk families and help them stabilize their living situations. To address issues of poverty, SF-DHS has launched a promising pilot, called Linkages, to coordinate resources and case plans between its child welfare and CalWORKs program, and this initiative needs to be generalized to all SF-DHS offices. SF-DHS also needs to bolster its partnerships with the Department of Public Health, which funds substance abuse treatment and mental health services.

Family Relationships and Connections

SF-DHS does exceptionally well at maintaining children's connections with family. In large part, this is due to the Department's commitment to placing children with relatives. Over 51% of San Francisco children in foster care are placed with relatives, compared to a statewide average of just 34%.

San Francisco does better than the statewide average on placing children with siblings. Two thirds of children in placement are living with at least some of their siblings, and almost half are living with all of their siblings. SF-DHS is challenged to place large sibling groups of

four to ten children together. Foster homes are licensed for a designated number of beds, and homes in San Francisco tend to be small. Through AB 1695, the state has mandated that relative homes meet license standards for foster homes, including limits on the number of children per bedroom, which may create new challenges for keeping sibling groups intact.

Indian Child Welfare Act Placement Preferences

San Francisco has only thirteen Native American children in care. Approximately two thirds of them are placed either with relatives or in the home of a Native American family. SF-DHS is interested in developing additional Native American foster homes. Despite small numbers in absolute terms, Native American children are at high risk for foster care. *San Francisco has only 220 Native American children, but over the last five years 123 Native American children (56% of the total) have been the subjects of child abuse reports.* SF-DHS has two child welfare workers, including one who is Native American, to manage designated caseloads of Native American families.

Transition to Adulthood

The California Department of Social Services is not able to provide relevant data on emancipating foster youth. It can provide data from Independent Living Programs, but the numbers only reflect those youth who utilize the program, and its numbers are duplicated. It is not a reliable profile of San Francisco foster youth who emancipate. SF-DHS has made its own efforts to compile information on youth emancipating from its system. Although not rigorous, the data suggested high rates of unemployment and homelessness. **The issue of transition to adulthood is particularly important because adolescents form the largest proportion of children in care.** Preparing these young adults for independence in a city as expensive as San Francisco presents a major challenge for SF-DHS.

In 2002, the Executive Director of the San Francisco Department of Human Services (SF-DHS) issued a youth initiative stating that “every young adult who emancipates from the San Francisco Foster Care System will have a plan that guarantees housing, employment, education, training, and healthcare.” The most urgent component of this vision is housing. The Department has contracted with a youth-serving organization to provide scattered site apartments to 31 emancipated foster/probation youth (21 single adults and 10 pregnant or parenting teens). SF-DHS has also created a project to increase scholarship funds available to current and former foster youth of San Francisco, and it has contracted to provide Individual Development Accounts for 40 emancipating or already emancipated youth. To improve employment outcomes for foster youth, the Independent Living Program has begun working with the Department’s career advancement program at the One-Stop Employment Center that SF-DHS manages.

SF-DHS has also reorganized its Independent Living Program, lowering the eligibility age from 16 to 14 so that youth can have support well in advance of the momentous transition to independence. To improve coordination between child welfare workers and Independent Living Program staff, the latter has been transferred into the same section as the Long Term Placement teen units.

Self Improvement Plan

In analyzing its outcomes, SF-DHS has identified several issues that will be central to its Self Improvement planning process, including:

- ❖ **Differential Response:** The recurrence of maltreatment for children left in the community is of particular concern. SF-DHS wants work with its community partners to develop a system for using its Hotline to respond to families at earlier stages of need. SF-DHS will need assistance from the California Department of Social Services to utilize a risk assessment instrument that is consistent with differential response.
- ❖ **Improved Coordination with Community Partners:** While children are in care, SF-DHS is able to provide stability and safety, and move them to permanency with relative speed. SF-DHS has been less effective, however, at protecting children when they are living in the community within vulnerable families. To preserve families, SF-DHS needs to better coordinate services with the non-profit organizations that are in the neighborhoods of the families it serves. This includes coordinating support for families that have been identified as at risk through the Hotline, building on the team decision making process to serve children who are coming into care or leaving care, and sustaining support for families that have been reunified.
- ❖ **Strengthen Public Sector Partnerships:** The needs of at risk families in San Francisco include housing, substance abuse, mental health, and entrenched poverty. While partnerships with community-based organizations are key, it is the public sector that has the resources to meet such overwhelming needs. SF-DHS has to strengthen its partnerships with the Department of Public Health, the Housing Authority, and the School District, to meet the overwhelming needs of low-income families. SF-DHS also needs to build better coordination amongst its own programs, by expanding the Linkages project and by connecting its Homeless and Housing Division more closely to child welfare.

V.B Areas for further exploration through the Peer Quality Case Review

As part of the AB 636 process, each county will undergo a peer review to address critical practice areas related to the mandated outcomes. The Review will be conducted by a team of child welfare professionals, both from inside the county and from other counties. SF-DHS foresees two areas that would particularly benefit from the Peer Quality Case Review: 1) children who have been the subjects of child maltreatment reports after a decision was made to leave them with their families; and 2) cases in which children have been reunified, but later re-entered care. The administrative data for these two issues is limited, and a case review could uncover important information. In developing differential response, the Department would like more analysis about the risk factors in cases it has closed in the past. It would like to better recognize families that are at risk of recurrent child maltreatment, and it wants to better understand what their needs are so as

to develop appropriate supports. If the peer review could also focus on re-entries, SF-DHS would like to know the extent of aftercare planning that happens now. It also wants to better understand the factors that have undermined parents and what supports would have helped sustain them.

APPENDIX D-1: KEY PARTNER INTERVIEW PARTICIPANTS

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APPENDIX D2: PARTNER INTERVIEW SUMMARY

In May 2004, Moore, Iacofano, Goltsman, Inc. (MIG), a Berkeley-based organizational development firm, conducted confidential interviews with 24¹ individuals whom the San Francisco Department of Human Services, Family and Children's Services Division (FCS) identified as key partners. This report summarizes the findings from those interviews. The interview findings will be incorporated into FCS's AB636 Self-Assessment and utilized to help strengthen community and inter-agency partnerships.

1 – Existing Partnership Strengths

Community and Inter-Agency Partnerships:

Talented, Dedicated Staff (10)²

- FCS has a number of smart, dedicated and responsive staff at all levels. (7)³
- They legitimately want the best for children and families. (4)
- The recent staff re-organization is very exciting and promising. (3)
- Contracts office is a “shining star”. (2)
- Trent Rhorer is a strong, human leader. (2)
- FCS has a strong liaison for American Indian families. (1)
- Staff volunteer their time to community training efforts. (1)

Commitment to Community Partnerships (7)

- They listen to what we think is best and are open to making changes when needed. (6)
- They have done an excellent job in the past of convening the community. (3)
- They are working on improving information sharing with the community. (3)
- Their efforts to engage community are sincere. (1)

¹ FCS identified a total of 30 individuals, but 6 of them either opted not to be interviewed or were unable to schedule an interview during the allotted time period (May 2004).

² Throughout the summary, the bold number represents the number of people who made a comment in this category.

³ Throughout the summary, this number after the sub-bullet represents the number of comments that related to this specific issue.

- They have provided excellent technical assistance and support in the past to build the capacity and ensure the success of community agencies. (1)

Responsive to Community Input (3)

- They have dedicated resources as a result of community input. (1)
- Community input can affect service delivery for clients. (1)
- They chose not to cut community contracts when budgets were tight. (1)

Service Development and Delivery (3)

- Neighborhood-based service and one-stop shop models are great. (1)
- FCS staff are providing services in a more community-based way and are becoming more visible in the community. (1)
- They have been creative, and the 1990 and 1997 collaborations were very innovative. (1)
- Staff are taking a tailored, individualized approach to assessing and serving families. (1)
- The implementation of Team Decision Making has been very successful thus far. (1)
- The relationship and partnership with CalWORKs is very strong. (1)

Culturally Competent Staff (2)

- FCS has ethnically diverse staff and good language capability. Cultural competency can be complex, and they are really trying to meet those challenges. (2)

2 – Areas for Improvement in Existing Partnerships

Community and Inter-Agency Partnerships:

Proactively Seek Input from Community and Agency Partners (8)

- Create forums for ongoing information sharing and dialogue between community and agency partners. Involve partners in shaping programs and policy. (7)
- We want to partner, but the burden cannot always be on us to make it happen. (2)
- Be more inclusive, open and transparent about decision-making processes and priority setting. Invite feedback before decisions are made. (2)

- Provide regular updates on the Redesign effort. (1)
- Include assessments of client and partner satisfaction in staff performance reviews. (1)

Improve Clarity in Leadership and Decision Making (7)

- Create a shared vision and a system-wide approach to change; ensure that staff at all levels of the system are involved and informed. (5)
- Manage change from the top down. Take risks, model good practice, and make an example of people who are outstanding. (2)
- Address philosophical differences related to permanency among staff; encourage dialogue, train staff consistently and hold them accountable. (2)

Strengthen Responsiveness and Ongoing Commitment to Partners (7)

- Ensure that relationships are not lost when staff turns over. (3)
- Return phone calls. (3)
- Be clear about who the liaisons are for particular groups or neighborhoods and maintain consistency; give those individuals decision-making authority. (3)
- Communicate more effectively about meetings and follow up afterwards. (3)
- Geographically assign caseworkers; be more visible in the community. (2)
- Create a more responsive, personal protocol for individuals contacting FCS; establish a system for contacting an actual person at all hours of the day.
- Make community collaboration a higher priority. (1)
- Follow through on agreements. (1)

Ensure Consistent, Quality Communication and Training (6)

- Ensure that communications with staff and partners is clear and consistent. (2)
- Involve staff in establishing policy and programs. (1)
- Provide comprehensive, quality training for staff on policy and practice changes. (1)
- Effectively communicate challenges to the public and policy makers. (1)

Involve Community Partners in Case Planning and Decision Making (5)

- Create a process for addressing confidentiality issues; we need to know more about cases in order to help the families and children. (4)
- At times, case planning is punitive and the expertise and perspectives of partners are not trusted. (2)

Improve Staff Knowledge about Existing Community Resources (4)

- Invite us to make presentations about our services; we will come. (2)
- We are losing opportunities to serve families due to low referrals. (2)

Strengthen the Contracting Process (3)

- Contracts are not always well developed. (1)
- Contracting process needs to be more organized. (1)
- Contractors need to be held accountable for achieving goals. (1)
- Evaluations and feedback need to be shared with contractors. (1)

Leverage Funding & Existing Resources (2)

- Develop relationships with community-based organizations and other groups to build on what they are doing. (1)
- Leverage funding to maximize resources available to do the work. (1)

Allocate More Resources for Particular Populations/Issues (2)

- Children with special needs. (1)
- Asian Pacific Islander families. (1)
- Prevention services. (1)

Address Staff Burnout (2)

Improve Staff Accountability (2)

- Be willing to enforce consequences for poor choices and behavior. (2)
- Work with unions to overcome the challenges they can pose to accountability. (1)

Interagency Partnerships:

- Explore opportunities for joint training among agency and community partners. (3)
- Advance SB163. (2)
- Share information more freely with agency partners. (2)
- Pursue other City and County agencies as equal partners and work to leverage existing resources. (1)

- Establish closer working relationships between leaders, not just staff. (1)
- Formalize a collaboration between child welfare and homeless programs. (1)
- Create access to medical services that are not covered by CalWORKs. (1)
- Coordinate existing oversight bodies, such as the Promoting Safe and Stable Families Steering Committee, the Children's System of Care Steering Committee and the Redesign Core Team. (1)
- Coordinate contracting and program review processes to maximize funding for San Francisco children and families. (1)
- Enhance partnerships to prevent children and youth in the child welfare system from entering the juvenile justice system. (1)
- Create new partnerships and protocols to address truancy as an indicator of neglect for children and youth. (1)

Specific Requests for Inter-Agency Coordination:

- Enhance the Children's System of Care shared database for use in case management and planning; improve the quality of the data provided by DHS. (1)
- Create better access to the FCS computer system for co-located public health nurses. (1)
- Create a joint system of care between mental health, child welfare and probation that would address prevention, early intervention, strengths-based intervention and temporary respite. (1)
- Assign a public health nurse to work in the transitional center in the Mission District. (1)
- Establish quarterly meetings between FCS and Probation leadership. (1)
- Provide better and more coordinated services to youth who are supervised by both FCS and probation. (1)
- Co-locate a child welfare worker at Juvenile Court to improve service coordination. (1)
- Designate a senior staff member to attend daily meeting with Probation to coordinate services for dual supervision cases. (1)
- Work closely with Probation to secure funding for alternative schools. (1)
- Through SB163, partner with Probation to create an alternative high-end treatment placement, including crisis intervention, day treatment and education, for children at level 12-14. (1)
- Create an easier way for Probation to retrieve FCS files; could be achieved through co-located staff. (1)

3 –Opportunities to Strengthen Partnerships

Community and Inter-Agency Partnerships:

Create More Opportunities for Community Dialogue (7)

- Host more forums with community and agency partners. Make sure FCS leadership is involved. (6)
- Build on community conversations hosted by Family Resource Centers to create new relationships between community-based organizations and FCS. (2)
- Link with First 5 San Francisco civic engagement efforts. (2)
- The current community climate is supportive of collaboration; people are looking for ways to do business more efficiently and effectively and interested in participating in CWS Redesign. (2)
- Link with homelessness planning currently underway in San Francisco. (1)

Capitalize on Leadership Changes (3)

- Take advantage of change in leadership and management reorganization to enhance partnerships. (2)
- Find a strong leader who can work at the State and Federal level to effect change. (1)

Enhance Knowledge of Services to Expand Referrals (4)

Create Linkages between Family Support Efforts (4)

- Bring together FCS, the Department of Children, Youth and their Families, First 5 San Francisco, and the Family Resource Centers to enhance and coordinate family support services. (3)
- Bring family support and family preservation services to battered women and children. (1)

Build on Existing Initiatives, like Family to Family and Redesign (2)

Coordinate Services with other DHS-funded Programs (1)

Create Partnerships to Increase Outreach and Education about Child Abuse (1)

4 –Challenges that May Hinder Partnerships

Community and Inter-Agency Partnerships:

Budget and Funding Cuts (13)

- Everyone is trying to do more with less. (12)
- People become protective when budgets are tight. (2)
- Community and agency partners can help the public child welfare agency, but understand that their budgets are such that they cannot do it for nothing. (2)
- Develop a clearer understanding of and communicate the implications of budget cuts. (1)

Bureaucracy & Internal Functioning (7)

- Some staff do not get along and do not partner with one another. (4)
- Continued leadership changes have led to instability and a lack of vision and direction; new initiatives continue to start and stop. (4)
- Internal communications need strengthening; leadership needs to more effectively communicate vision and direction to line staff. (3)
- FCS will have to overcome its reputation among both partners and families as secretive, punitive and difficult to work with. (2)
- The Department of Human Services needs to shift to a more flexible funding model to more effectively serve families and children. (1)
- The Department of Human Services needs to re-think the way the success and performance of both staff and contractors is measured (see Priority Issues). (1)

Limited Staff Time (6)

- Staff shortages for both FCS and its partners limit the amount of time that can be dedicated to working together. (3)
- When people are moving too quickly, communication is rushed and misunderstandings can occur. (1)
- FCS only comes to us when they need something (e.g., letter of support, signatures, etc.). Try to find time to involve us partners more proactive ways. (1)

Complex Child, Family & Community Issues (3)

- The human service system is facing multiple challenges, including drug and alcohol abuse, violence, gangs, homelessness, mental illness, and an increase in child abuse and neglect. The child welfare agency's work is getting more and more complex. (3)

Limited Staff Diversity (2)

- FCS needs a Latino section manager to enhance cultural competency.
- Some of FCS's partner organization lack diverse staff.

Poor Economy (1)

- A poor economy and lack of jobs increases the risk of homelessness and sometimes child welfare issues for our families. (1)

Pending State and Federal Policy Changes (1)

- TANF re-authorization is uncertain. (1)
- San Francisco will be losing key policy makers—Burton and eventually Aroner—who are sympathetic to the needs young children and children in foster care.

Local Policy Priorities (1)

- The administration's focus is on youth and homelessness; child welfare is not in the forefront. (2)
- The City's current policy making infrastructure is in flux, leading to uncertainty in the short term.

5 —Priority Issues to Consider in Working with Partners

Community and Inter-Agency Partnerships:

Prioritize Community and Inter-Agency Partnerships (12)

- Create forums for information sharing and dialogue between FCS and its community and agency partners. (7)
- Get out into the community more, especially leadership and line staff. (6)
- Be more inclusive, open and transparent about decision-making processes. Invite feedback from decisions are made. (3)
- Designate consistent liaisons to programs or partnerships, create clear lines of authority and allow the time to do the work. (3)
- Allocate more human resources for prevention and early intervention. (2)
- Share power and responsibility with partners and treat them as equals. (1)
- Recognize that community partners will need assistance building the capacity and infrastructure to effectively serve families. (1)
- Ensure services are flexible, accessible and comfortable. (1)
- Step children down from higher levels of care and bring them back into their communities. (1)

- Target communities that need and will use the services. (1)
- Communicate more effectively about meetings. (1)
- Coordinate and integrate CalWORKs, FCS and homeless services. (1)
- Increase FCS involvement in the Family Involvement Teams. (1)
- Make formal staff assignments to build community relationships. (1)
- Seek training and expertise to create more effective partnerships. (1)
- Continue to be open to the addition of new stakeholders. (1)

Strengthen Internal FCS Functioning (10)

- The need for strong, consistent leadership is clear and urgent. (8)
- Strengthen the management team. Build on the strengths of the team and create more accountability. (3)
- Improve internal communication—keep staff engaged and informed. (1)
- Increase cultural competence among staff. (1)
- Create a performance system to measure outcomes and increase accountability. (1)
- Establish regular processes for communicating with staff. (1)
- Devote time and resources to staff renewal and support to combat burnout. (1)
- Create a solid strategic plan; involve partners and stakeholders (including parents), in planning and assessment. (1)
- Increase the number of emergency response staff and ensure they are knowledgeable. (1)

Enhance Understanding and Image of Family and Children's Services (4)

- Enhance public relations and communications efforts to counter the misunderstandings about FCS's work and identity. Spread the word about the real work and philosophy through community leaders and spokespeople. (3)
- Be clear about guidelines and standards for what cases FCS will investigate. (1)
- Overcome the community's perception that connecting with Family Resource Centers will lead them to dependency court. (1)
- Assist partners to translate materials into other languages. (1)

Enhance Service Delivery (3)

- Create linkages across social service networks to advocate for children and families. (2)
- Make services more community-based. (1)

- Keep it simple—one-stop shopping is a good model. (1)
- Decrease amount of disruption in accessing services. (1)
- Consider assigning the same worker to the case throughout the families' engagement with the system. (1)

Better Leverage Funding & Existing Resources (3)

Address Disproportionate Representation of Families and Children of Color (3)

- Address the disproportionate representation of people of color and non-English speaking people in the system. (3)

Listen and Respond to Partner Feedback (2)

- Find out what partners need and make sustained commitments. (1)
- Evaluate partnerships and learn from experiences. (1)
- Trust that partners are working toward the same end. (1)

Improve Staff Knowledge about Existing Community Resources and Services (2)

Enhance Contracting Process (2)

- Try to be more understanding of the multiple obligations of contractors and partners. (1)
- Create realistic performance targets and explain the rationale behind them. (1)
- Work with family service agencies to re-think how contractor success is defined and create more meaningful performance measures. (1)

Standardize Decision Making Approaches (1)

- Utilize a structured decision-making tool. Share the tool with community and agency partners. (1)

Agency-Specific Request (1)

- Co-locate a child welfare worker at Juvenile Court to improve service coordination.
- Designate a senior staff member to attend daily meeting with Probation to coordinate services for dual supervision cases.

APPENDIX D3: BACKGROUND SHEETS

I. Outcome 1: Rate of recurrence of abuse in homes where child was not removed.

A. Measurement

This indicator applies to families where 1) a report was made to the hotline, 2) the case was assigned to the emergency response unit for investigation, 3) the allegation disposition was determined as inconclusive or substantiated, 4) the children were not removed, and 5) there was a subsequent abuse allegation that was substantiated.

This indicator does not capture cases that were evaluated out by the hotline or in cases where children were removed. This indicator can include cases that were dismissed after investigation, cases referred to the Family Preservation Unit (active or closed), and in-home dependency cases (active or closed).

B. Background on child welfare process related to this outcome

Reports are made to the hotline. The hotline assesses the information provided in the report and determines the response. The hotline can evaluate out or assign the case to the Emergency Response Unit as an immediate or 10-day response.

If assigned to Emergency Response Unit, the ERU worker investigates the case and makes three major decisions. First, the worker determines whether the allegation is unfounded, inconclusive, or substantiated. Second, the ERU worker determines whether the child should remain in the home due to risk and safety concerns. Third, the ERU worker determines whether the case should be filed for dependency to receive court supervision. Based on these decisions, the case can be closed, referred to the Family Preservation Unit for voluntary services, or transferred to the Court Dependency Unit if dependency is recommended.

If the case is transferred to the Court Dependency Unit (CDU), the CDU worker begins to work with the family and handles the dispositional hearing. At this hearing, the court decides whether the child should be made a court dependent and whether the child should remain in or out of the home. If the child is made a dependent, the court establishes reunification or dismissal requirements for the parents. These requirements must be met in order for the children to be returned or the case dismissed. If the child becomes a dependent, the case is transferred to the Family Service Unit (FSU) for family maintenance or family reunification.

C. Factors related to this outcome

Definition and determination of dispositions

Adequate assessment of family needs

Development of a safety plan.

Development of sound case plan

Availability and quality of services related to the need

Linkage of family to appropriate services

Services and resources in the community to address need

Support network for family

D. Current strategies related to this outcome

Prevention and family support services. These include the family resource centers that provide a range of services to families. The Talkline provides a hotline resource to families. FCS also provides parenting classes, respite services, and kinship support services.

In-home services: FCS had three contracts (FSSBA, Epiphany Center, Asian Perinatal Advocates) to provide in-home family preservation and case management for at-risk families.

CalWORKS Crossover (Linkages): Integrated case planning with CalWORKS to reduce duplications of required activities for parents in both systems.

Risk assessment: Child welfare workers receive training in standardized risk assessment. Workers are trained to look at a number of factors to that impact risk to a child.

Assessment services: FCS relies on a number of partners in assessing families and connecting families to appropriate services. The FIRST team includes substance abuse counselors who provide assessments and connect parents to services. Mental health consultants work with FCS in identifying mental health issues. Public health assists in identifying health concerns and providing follow up. Edgewood Center assists with finding and assessing relative placements.

Family Conferencing: FCS schedules Family Conferences to make various case decisions, including visitation, permanency placement discussion with family members, etc. By involving the family's support system, there should be more support for the family.

E. Planned strategies

Differential response: All California counties will be implementing differential response over the next two years. The main components of differential response are the new intake structure, family engagement strategies, statewide safety assessment approach, community partnerships, staffing support, service array, and evaluation. The state methodology is through the breakthrough series collaborative that focuses on gradual, small-scale implementation.

safety assessment: FCS will be implementing a safety assessment protocol at the hotline phase of the intake process. This tool will assist hotline staff in determining the proper response to a hotline report.

II. Outcome 2: Percentage of children who re-entered within 12 months of reunification**A. Measurement**

This outcome measures the percentage of children who re-enter foster care within 12 months of being reunified with their families.

Re-entry can occur with family maintenance cases with active court dependency, cases active with family preservation services, or closed cases.

B. Background on child welfare process related to this outcome

Family reunification casework is done mainly through Family Service Unit (FSU) workers. The LTP Reunification caseworkers also do a significant amount of this work.

Children are removed and reunified from their parents through the dependency court. The parent(s) must complete reunification requirements established by the court in order to have the child returned home. These requirements are tailored to the family's needs and can include consistent visitation with the child, completion of a drug treatment program, completion of parenting classes, participation in mental health services, and a number of other actions. Generally to return a child to their parents, the FSU worker submits a report to the court stating that the parent has completed the requirements and recommending the return of the child to the parent.

Once a child is returned to the home, the case usually becomes a family maintenance case for six months. If the parent meets any additional dismissal requirements and the situation is safe for the child, the case is usually closed after six months.

For re-entry to occur, there would be a referral to the hotline, an investigation by the active worker or by emergency response, and a decision to remove the child and place in out-of-home care.

C. Factors related to this outcome

Adequate assessment of family needs, throughout the life of the case.

Development of sound case plan that meets the family's needs.

Availability and quality of services related to the need

Linkage of family to appropriate services and resources including information & referral, accessibility, and other assistance.

Services and resources in the community to address family needs.

Support network for family including relatives, friends, churches, services, and associations.

Process when handling re-entry into foster care

D. Current strategies

Family Maintenance: Part of the child welfare process, FCS provides six months of case management to provide services and monitor the case for concerns following reunification.

Linkages/CalWORKS Crossover: Integrated case planning with CalWORKS to reduce duplication of required activities for parents in both systems. In addition, AB429 allows CalWORKS services to continue after children have been removed to promote reunification.

Reunification and dismissal requirements: Based on child welfare worker recommendations, the court establishes requirements for the parents to complete in order to have a child returned to the home and to have the case dismissed from court supervision. These requirements are intended to decrease the risk of abuse and neglect to the child given the family's situation. They may include completion of a substance abuse treatment program, participation in therapy, obtaining adequate housing for the child, consistent visitation, and addressing domestic violence issues.

Services Only Caseload: As an option on some cases, FCS provides specific services such as therapy and childcare after a case is closed. This option may be eliminated due to city budget issues.

Family Support: Families are referred to use the family resource centers for general needs. Ideally, the FRC's will build ongoing, supportive relationships with these families.

TDMs: FCS will begin doing TDMs for removals from families of origin beginning in mid-August. Future TDM planning involves TDMs at the time of reunification, to ensure support and stability for the family with the return home of their children.

III. Outcome 3: Well-being of youth transitioning to self-sufficient adulthood

A. Measurement

There is little data gathered on what happens to youth after emancipation. ILSP reports data to the state on a number of outcomes. This data is somewhat anecdotal, includes out-of-county youth, and reports only on those youth who participate in the ILS Program. The DHS planning unit conducted two one-time studies. The first gathered data based on final court reports prior to emancipation. This data was limited as some of the information was not finalized. The second attempted to interview emancipated youth but there was difficulty in reaching a statistically significant number of youth.

The planning unit is willing to conduct an annual survey by contacting child welfare workers for the status of their emancipating youth across goals identified in the SIP process. Although, there will be limitations on this data, but it probably is the most practical and can be done on a consistent basis.

The committee can suggest other methods for gathering data, keeping in mind the limited resources and difficulty in contacting emancipated youth.

B. Background on child welfare process related to this outcome

There are a number of youth who grow up in foster care. They could have entered the system at any age from birth to 17 years old. They live in different placement settings including relative placements, foster homes, and group homes. A few reside in therapeutic homes and facilities.

A child welfare worker is assigned to each youth to provide case management. As each child is a court dependent, the child welfare worker provides a status report at least once every six months, informing the court of how the child is doing in care. Starting at age 16, the Federal Government mandates the development of a transitional independent living plan that outlines the basic goals, plans, and services for the youth.

The child remains in care until emancipated. Emancipation is based on a number of factors including age (usually but not always age 18), school and graduation status, mental health status, immigration status, and completion by the worker of certain requirements.

The county is mandated to provide independent living skills services to all youth residing in that county. In San Francisco, ILS serves children from age 14 to age 21. The program is voluntary for youth.

C. Factors related to the outcome

Emancipation conditions

External conditions including housing market, job market, housing costs.

Training and education programs and resources.

Progress for youth while in-care, including transition from care.

Continuity of services from child welfare system to adult systems including medical, mental health, education, and training.

Planning and preparation for emancipation through ILS services, child welfare workers, and caregivers.

Experience in daily living skills, employment skills.

D. Current strategies

Transitional independent living plan (TILP): The federal government currently requires the development of the TILP for youth in care, age 16 and older. The plan is to be revised at least once every six months according to the needs of the youth.

Independent Living Skills Program: The ILSP has five programmatic areas including early ILS, core services, transitional services, aftercare services, and social support services. Early ILS includes activities for youth ages 14-15 to develop personal and educational skills. Core services include life skills classes, vocational services, educational activities, mentoring, tutoring, and computer skills. Transitional services target youth starting 12 months prior emancipation and include case management and specialized placements. Aftercare services include case management and resources, as well as housing programs and services. Social support activities include orientations, personal growth workshops, holiday events, graduation, California Youth Connections, and many other activities.

Teen Center: As part of a centralized facility, the Teen Center at 225 Valencia houses the ILS Program and the Teen Units.

Teen Units: FCS has two units of workers who specialize in working with teens. These units have a limited capacity and there are a number of teen cases among the other Long Term Placement Units (LTP).

Emancipation meetings: FCS has started implementing Family Conference-based meetings in the Teen Units to plan emancipation of youth.

Court requirements: By state law, the CWW must satisfy certain requirements in order to emancipate youth. These include providing essential documents, efforts around education, and connection to health services. The CWW reports on these as part of the final court report requesting emancipation of the youth.

MediCal: Emancipating youth are automatically eligible to receive MediCal. Child welfare workers routinely inform the youth of their eligibility.

Youth Initiative: The Department of Human Services promotes its Youth Initiative. This Initiative brings together a number of DHS Programs to coordinate and plan services for emancipating youth.

Youth Task Force: As part of the Children's System of Care, the Youth Task Force provides feedback to the participating institutions including mental health, FCS, Juvenile Probation, and the SF Unified School District.

Foster Youth Services: A collaboration between FCS, the Courts, and the School District to follow the welfare of group home youth in the school system.

SFUSD Liaison: FCS has a caseworker dedicated to following up on IEP's and education needs.

In-care transitional housing: There are a limited number of in-care transitional placement slots, as an alternative to group home placement. These placements encourage youth to take more responsibilities for their care, decision making, and activities.

Aftercare transitional housing: FCS has a contract with Larkin street for aftercare transitional housing that offers housing, for 30 high-risk young adults ages 18-22. Youth must be actively involved in education or employment. Support services include childcare, case management, employment services.

E. Future Strategies

Youth Services Training: FCS is planning training for child welfare workers, caregivers, and CBO staff to develop a positive, consistent approach to working with youth.

Youth Transition Initiative: DHS will be receiving a grant to further address issues of transition for emancipating youth.

APPENDIX D4: CASE REVIEWS

Recurrence Case Review

Data source

I looked at 50 children drawn from CWS/CMS (state child welfare database). The children were identified by Safe Measures, a database tool. The 46 children were from the first quarter of 2003 (100%) and 4 children were from the fourth quarter of 2002.

Recurrence of Maltreatment is a “proposed tool” in Safe Measures and is not finalized. I used recurrence within 12 months. I reviewed the screener narrative from the hotline report to determine the precipitating incident, the allegation screen to identify the type and disposition, and the client summary screens to look at prior referrals and case history.

Cases reviewed

Out of 50 children, 13 did not appear to be recurrence of maltreatment. A few of these appeared to reports made around the same time for the same situation. A few had prior referrals that had been evaluated out without a disposition.

Of the remaining 37 children, two had dispositions were unfounded which I included in the group. Technically, unfounded dispositions are not included in the measure. The 37 children represented 28 families. On average, cases had 5.5 prior referrals.

Prior referral history and case status

	No CWS	Active CWS FM	Active CWS PP *	Closed CWS	Total
Inconclusive only	4	0	2**	2**	8*
At least one Substantiated	7	4	5	11	27
Unfounded only	2	0	0	0	2
Total	13	4	7	13	37

* PP incidents (long term placement) usually involve caregivers or others as the children are not in the care of the parents.

** Probably a data problem with conversion from CDS database to CWS/CMS. It is very unlikely that cases would have had CWS services w/o a substantiated report due to court process.

Types of Abuse/Neglect

General neglect	Severe neglect	Caregiver Absence/Inc	Physical Abuse	Sex abuse	Emotional Abuse	Total
27	0	3	6	2***	1	39****

*** The sex abuse cases did not involve parents or caregivers

**** 2 cases had more than one type of abuse/neglect substantiated.

Other Comments

13 of the 27 general neglect cases had substance abuse identified in the child abuse report.

Re-Entry Case Review

The purpose of this review is to get a sense of the reasons children are re-entering the system. Cases were identified through Safe Measures, a data management reporting tool for CWS/CMS. Information on cases was collected through detention and 387 reports on CWS/CMS. Where detention reports were not available or clear, other CMS documents were reviewed including placement information and court status reports.

Safe Measures identified 100 children who re-entered care between July 1, 2003 and June 30, 2004. 43 of the 100 cases were reviewed in CWS/CMS. Three were inaccessible, probably due to sensitivity and access restrictions. Two were unclear and had insufficient information. Five did not appear to be re-entries, but were placement moves or other changes. One case was a child being moved from juvenile to child welfare. This leaves 32 cases.

Out of 32 remaining cases, 18 cases appeared to be active family maintenance cases where children had been returned and the family was still under court supervision. 3 additional cases were active but had not had the dispositional hearing. **66% (21 out of 32) of the re-entries were active as opposed to closed cases.**

13 of 21 active cases had major substance abuse issues identified. 5 parents were in residential drug treatment and 2 were in outpatient treatment. **61% (13 of 21) of the active cases had substance abuse as a major factor for re-entry.**

The primary causes of re-entry for the remaining eight active cases were mental health hospitalization (1), failure to protect (1), parent arrested (2), sibling conflict (1), physical abuse (2), and child's behavior (1).

34% (11 of 32) of the reentries involved closed cases where child had been removed, returned to a parent/caregiver, and the case closed. Out of these eleven, primary causes of re-entry were child's behavior (5), leaving children with inadequate or dangerous caregiver (4), physical abuse (1), and substance abuse (1).

Due to the small sample size, not all these results are statistically significant. However, they do show the major causes of re-entry and large number of re-entries that are active cases. While primary causes were identified, some of the contributing factors overlap. For example, substance abuse and mental health were indicated in a few more cases. Also, child behavior was often tied with an unstable placement or inadequate supervision.

Primary causes for reentry:		
Substance abuse	14	44%
Child's behavior	6	19%
Physical abuse	3	9%
Leaving child w/ inadequate CG	4	13%
Parent arrested	2	6%
Failure to protect	1	3%
Neglect	1	3%
Sibling conflict	1	3%
Total	32	100%

APPENDIX D5: FOCUS GROUP FINDINGS

Introduction

Throughout the months of July and August 2004, MIG and DHS staff facilitated a series of 8 focus groups with various FCS staff, birth parents (including Spanish-speaking birth parents), and youth. The purpose of the focus groups was to review and refine draft goals and further develop implementation strategies for the San Francisco System Improvement Plan.

The staff focus groups were held at DHS offices at 3120 Mission, 170 Otis, and the Bayview office. 10 staff members attended the focus group for Outcome Indicator 1: rate of recurrence of abuse/neglect in homes where children were not removed; 2 staff members attended the focus group for Outcome Indicator 2: % who re-entered within 12 months of reunification; 8 staff members attended a focus group to discuss both Outcome Indicators 1 and 2; 1 staff member attended a focus group to discuss Outcome Indicator 3: Well-being of youth transitioning to self-sufficient adulthood; and another group of 10 Long-Term Placement Unit workers and one supervisor attended a focus group to discuss Outcome #3 as well.

Additionally, 9 birth parents attended a focus group at 170 Otis and 3 birth parents attended a Spanish-Speaking focus group at Instituto to discuss both Outcome Indicators 1 and 2, and 12 youth attended a focus group for Outcome Indicator 3 at the DHS offices at 25 Valencia Street.

Outcome Indicator 1: Rate of recurrence of abuse/neglect in homes where children were not removed

Common Themes

- Both staff and families lack awareness and comprehensive information about all available services.
- Services need to be easily accessible and flexible to reflect individuals' unique needs.
- There is a need to address families' feelings of isolation (particularly those with language barriers) through supportive relationships with staff, peers, and the community.
- Families need to be included in the assessment and decision-making process through innovative approaches such as TDMs and family conferencing.

Story Behind the Data

- Need for training and support for families with teenagers and for families with mental health, physical, emotional, substance abuse, or other on-going issues (including support for parents with teenagers and with children with mental, physical, or emotional issues)
- Feelings of stigmatism and isolation, exacerbated for those parents who do not speak English and are not provided a consistent and trusted translator/interpreter.
- Need for a connection to peers or adults in the extended family and neighborhood (this was found to be very important for parents who could identify a consistent peer connection)
- Need for parents to have more of a voice in assessment and decision-making process at every step so that services reflect the individuals' unique needs
- Lack of awareness (amongst both staff and families) and comprehensive information of available services.
- Need for additional SW staff/staff that can build strong and supportive relationships with families

Input on Strategies

- Foster strong relationships between birth families and foster families (Consider a Shared Family Care model).
- Establish on-going support groups for parents. Bring in neighbors and additional family members into these systems of support. Partner with Parents Anonymous to provide more peer-to-peer supports to families or establish another "Parent Advisory Group".
- Develop extensive preventive and after-care support services for families that are accessible, flexible, and fun (e.g. expand the Edgewood Kinship services and/or develop one-stop centers that provide therapeutic services and respite and other fun family activities).
- Provide comprehensive outreach and information about available services to families.
- Expand family conferencing and a variety of decision-making models as well as TDMs.
- Address the negative influence of the court and their increased involvement in case planning.

Priority Outcome Indicator 2: % who re-entered within 12 months of reunification

Common Themes

- Families would benefit from enhanced visitation in home-like settings and comprehensive after-care services.
- Both staff and families lack awareness and comprehensive information about all available services.

- Services need to be easily accessible and flexible to reflect individuals' unique needs.
- There is a need to address families' feelings of isolation (particularly those with language barriers) through supportive relationships with staff, peers, and the community.
- Families need to be included in the after-care and decision-making process through innovative approaches such as TDMs and family conferencing.

Story Behind the Data

- Need for training and support for families with mental health, physical, emotional, substance abuse, or other on-going issues (including support for parents with children with mental, physical, or emotional issues)
- Feelings of stigmatism and isolation amongst parents, exacerbated for those parents who do not speak English and are not provided a consistent and trusted translator/interpreter, and need for a connection to peers or adults in the extended family and neighborhood (this was found to be very important for parents who could identify a consistent peer connection)
- Lack of awareness (amongst both staff and families) and comprehensive information of available services
- Need for parents to have more of a voice in assessment and decision-making process at every step so that services reflect the individuals' unique needs
- Inability to have visits with children (who are in care) in a fun, relaxed, family-like atmosphere.
- Need for additional SW staff/staff that can build strong and supportive relationships with families
- Feelings of powerlessness and ignorance of a parent's legal rights and ability to take action if they and/or their children are mistreated
- Need for positive relationships and communication between birth parents and foster care providers and so that children reunify smoothly
- Need for culturally appropriate foster care placements that provide high levels of care and support and consistent rules, expectations, and treatment so that children reunify smoothly

Input on Strategies

- Expand community-based enhanced visitations.
- Provide comprehensive outreach and information about available services to families.
- Increase cross-agency collaborations (e.g. CalWORKS & FCS) to provide more accessible, flexible services.
- Provide more peer-to-peer supports to families (e.g. establish a "Parent Advisory Group").
- Involve families in TDMs, case planning, and after-care planning.

- Develop enhanced visitations and extensive after-care support services for families (e.g. develop one-stop centers that provide therapeutic services and respite and other fun family activities).
- Establish meetings with birth and foster parents to share the birth parents' rules, schedule, and other expectations to ensure a consistent environment for the child.
- Provide similar services to both foster care placements as birth parents (counseling, parenting classes, other supports).
- Address the negative influence of the court and their increased involvement in case planning.

Priority Outcome Indicator 3: Well-being of youth transitioning to self-sufficient adulthood

Common Themes

- There is a need to connect youth before and after emancipation, and in all placement types, with mentors and/or peer support groups.
- Transitional plans and after-care support services would be strengthened by the involvement of more family members, placement providers, and peer groups into the process.
- There is a need to enhance and expand ILSP to more youth in care.
- Foster care placements providers require training, support, and mentorship as well and could benefit from increased access to and involvement in ILSP and other youth service programs.

Story Behind the Data

- Lack of strong connections or involvement with a consistent CWW or PO
- Need for designated, consistent, responsible adult to inform and assist youth with accessing service programs
- Challenges of motivating both youth and foster care/kin providers to get involved with ILSP due to the perceived stigma and other misconceptions
- Lack of transitional housing programs
- Need for designated, consistent, responsible adult to act as an “educational surrogate”
- Importance of on-going positive relationship with an adult/mentor that models work and/or educational commitment
- Stigmatism of foster care youth/feelings of isolation
- Lack of awareness of guaranteed services (e.g. health care coverage)

- Shortage of training and support programs for foster care providers that include information on youth development as well as the logistics of what emancipating youth need
- Importance of having a foster care provider or CWW who can make personal contact with the youth and walk them through, or take them to, ILSP or other service programs
- Need for additional training and information about AB490 for staff

Input on Strategies

- Foster consistent relationships with mentors before and after emancipation.
- Establish peer-based support groups in all settings (placements, schools, juvenile hall).
- Infuse youth into the emancipation planning process through TDMs or other family-decision making models to link youth to post-emancipation support services that reflect the youth's unique needs.
- Identify all possible educational surrogates from all adults familiar with the youth and assign each youth an educational surrogate.
- Involve placement providers in ILSP and the rest of the youth's emancipation process (e.g. survey placement providers as well as CWWs to collect current youth data).
- Establish peer a mentorship program for foster care providers (e.g. a provider night at ILSP)
- Expand and connect youth with shelter-plus programs (such as First Place Funds).
- Initiate tutorship programs with local JCs or colleges

APPENDIX D6: PROMISING PRACTICES

Outcome Indicator #1: Rate of recurrence of abuse/neglect in homes where children were not removed

A. Building Community Partnerships/Capacity

Initiative(s):

Family to Family, CWS Redesign, Promoting Safe and Stable Families

Description:

Establish relationships with a wide range of community partners (grassroots organizations, public systems, private providers, parents, faith-based organizations, civic leaders, and businesses) in neighborhoods where referral rates to the child welfare system are high and collaborate to create an environment that supports families involved in the child welfare system.

Characteristics:

- Public/private collaborations are strategically organized with a leader, clearly identified roles and responsibilities for participants, a governance structure that is inclusive of broad community input and allows fluid communication amongst partners, and a unified and documented vision so that partners may work together on key strategies.
- There is on-going outreach and education for the general public as well as partners about their roles and responsibilities, and all partners are trained in a systemized fashion on how to develop community-based implementation plans.
- Out of these partnerships emerge both county and community-level networks of family support services that are readily accessible, culturally appropriate, and responsive to the needs of individual families. Families are diverted from the child welfare system and connected to neighborhood and community sources of support that strengthen them and enhance their ability to care for their children.
- Public/private collaboratives implement on-going evaluation of the availability, accessibility, and efficacy of family support services and the key strategies behind the service delivery. The outcomes are analyzed and discussed with stakeholders frequently to help direct decisions concerning activities that relate to state, county, and community shared outcomes.

B. Standardized Assessment and Team Decision Making

Initiative:

Family to Family, CWS Redesign

Description:

Involve child welfare workers, foster parents, birth families, youth, and community and agency partners in initial placement decisions using a standardized safety assessment tool and approach.

Characteristics:

- An initial assessment is conducted at intake that brings uniformity to safety decision-making and determines the families need and/or desire for support.
- A comprehensive assessment is also conducted that addresses factors to change in order to keep the child safe, family service needs to assist in those changes, and on-going support resources to encourage engagement in and use of the services and commitment to changes.
- Assessment outcomes ensure available and accessible core services, including health care, developmental and mental health services, treatment for alcohol and drug problems, domestic violence services, housing, in-home safety services, emergency services, and more.
- A Team Decision Making meeting is held when the child welfare agency is considering removal to determine if community-based supports are available to stabilize the child in his or her home.

C. Interagency Coordination

Initiative:

CWS Redesign

Description:

Establish inter-agency service coordination and integration that is responsive to the specific needs of families, easy to navigate, and readily accessible through the use of community-based sites. The following agencies are essential and play important roles in interagency coordination: alcohol and other drug programs, CalWORKs, Education, Mental Health, Health Services, Juvenile Court, Domestic Violence.

Characteristics:

- Each agency has clear and agreed upon roles, responsibilities, and contributions to shared outcomes, so that there is both shared responsibility and mutual accountability.
- All partner agencies follow established protocols that outline the sharing of confidential client information and allow for a full continuum of services to be available to clients in a manner that is family-focused, accessible, well coordinated and integrated, and respectful of the dignity of the family.
- Joint case planning and case coordination is conducted.

D. Inclusive Case Planning**Initiative:**

CWS Redesign

Description:

Ensure that families, as well as extended family members, are engaged in a respectful manner that draws on their strengths to contribute to their own case planning.

Outcome Indicator #2: % who re-entered within 12 months of reunification**A. Building Community Partnerships/Capacity****Initiative(s):**

Family to Family, CWS Redesign, Promoting Safe and Stable Families

Description:

Establish relationships with a wide range of community partners (grassroots organizations, public systems, private providers, parents, faith-based organizations, civic leaders, and businesses) in neighborhoods where referral rates to the child welfare system are high and collaborate to create an environment that supports families involved in the child welfare system.

Characteristics:

- Public/private collaborations are strategically organized with a leader, clearly identified roles and responsibilities for participants, a governance structure that is inclusive of broad community input and allows fluid communication amongst partners, and a unified and documented vision so that partners may work together on key strategies.
- There is on-going outreach and education for the general public as well as partners about their roles and responsibilities, and all partners are trained in a systemized fashion on how to develop community-based implementation plans.
- Out of these partnerships emerge both county and community-level networks of family support services that are readily accessible, culturally appropriate, and responsive to the needs of individual families. Preceding reunification, families are connected to neighborhood and community sources of support that strengthen them and enhance their ability to care for their children.
- Targeted communities contain a network of neighborhood-based family foster care options.
 - Resource families are recruited in targeted neighborhoods and meetings are established to introduce foster and birth families.
 - Child welfare agencies earmark funds to establish visitation sites in the targeted communities, distribute foster care recruitment materials, offer foster parent trainings and orientations in the community, and establish foster/relative support programs at the community site.
- Public/private collaboratives implement on-going evaluation of the availability, accessibility, and efficacy of family support services and the key strategies behind the service delivery. The outcomes are analyzed and discussed with stakeholders frequently to help direct decisions concerning activities that relate to state, county, and community shared outcomes.

B. Standardized Assessment and Team Decision Making

Initiative:

Family to Family, CWS Redesign

Description:

Involve child welfare workers, foster parents, birth families, youth, and community and agency partners in reunification placement decisions using a standardized safety assessment tool and approach.

Characteristics:

- A Team Decision Making meeting is held when the child welfare agency is considering reunification.
- A family's readiness for reunification is assessed using a standardized safety assessment tool and approach. The assessment addresses factors to change in order to keep the child safe, family service needs to assist in those changes, and on-going support resources to encourage engagement in and use of the services and commitment to changes.
- Assessment outcomes ensure available and accessible core services, including health care, developmental and mental health services, treatment for alcohol and drug problems, domestic violence services, housing, in-home safety services, emergency services, and more.

C. Interagency Coordination

Initiative:

CWS Redesign

Description:

Establish inter-agency service coordination and integration that is responsive to the specific needs of families, easy to navigate, and readily accessible through the use of community-based sites. The following agencies are essential and play important roles in interagency coordination: alcohol and other drug programs, CalWORKs, Education, Mental Health, Health Services, Juvenile Court, Domestic Violence.

Characteristics:

- Each agency has clear and agreed upon roles, responsibilities, and contributions to shared outcomes, so that there is both shared responsibility and mutual accountability.
- All partner agencies follow established protocols that outline the sharing of confidential client information and allow for a full continuum of services to be available to clients in a manner that is family-focused, accessible, well coordinated and integrated, and respectful of the dignity of the family.
- Joint case planning and case coordination is conducted.

D. Inclusive Case Planning

Initiative:

CWS Redesign

Description:

Ensure that families, as well as extended family members, are engaged in a respectful manner that draws on their strengths to contribute to their own case planning.

Outcome Indicator #3: Well-Being of Youth Transitioning to Self-Sufficient Adulthood

A. Supporting Educational Attainment

Initiative(s):

California Department of Education: Educating California's Foster Youth; Walter S. Johnson Foundation; Youth Transition Funders Group: Connected by 25

Description:

Support the education needs and goals of youth through a combination of services including school placement and student advocacy, tutoring, counseling, employment readiness, and efforts to ensure stable living environments.

Coordinate services across agencies including child welfare, education, and judiciary systems to ensure adequate case review and stability of educational placements.

Characteristics:

- High school guidance counselors, college financial aid programs, and support service staff team to identify and coordinate outreach efforts for foster care youth and supply targeted tutoring, educational skills remediation, and other supports without labeling or “tracking”.
- Institutions of higher education provide bridge projects, orientation activities, campus visits, peer/faculty mentors, tutoring, financial aid mentoring, academic advising, and scholarships targeted to foster care and transitional youth.
- Youth are provided an allowance or other financial safety net as well as mentors throughout college/post-secondary education to help develop and maintain academic plans.
- Wraparound services provided for older youth, even those already pursuing education and training.
- Sufficient funding supports youth involvement in community activities through school (community service, arts and athletics, social clubs).
- Agencies coordinate efforts regarding a youth’s IEP, school attendance, academic performance, and participation in extracurricular activities.
- Agencies, foster parents, community organizations, and youth partner to assign an advocate to monitor school progress, attend IEPs, and communicate with the school, foster parents, and child welfare worker.

B. Developing Work & Training Opportunities

Initiative(s):

Youth Transition Funders Group: Connected by 25

Description:

Develop and expose youth to job, training, and entrepreneurship opportunities through a variety of community-based, collaborative approaches.

Characteristics:

- Youth are connected with a mentor from local business, school, or community group that can model healthy work habits, attitudes, and skills to get and keep a job.
- Child welfare workers, educators, community leaders, and employers collaborate to find community-based leadership and part-time work opportunities while the youth are in school. Work opportunities are connected with mentoring and financial literacy programs.
- Youth can access job shadowing, internship, and apprenticeship opportunities to explore a variety of fields.
- Schools integrate or train teachers to lead entrepreneurship programs that promote business start-up and development amongst youth.
- Entrepreneurship programs are established by a team of local business leaders, community partners, teachers, and other adults familiar with the youth that reflect the gender, race or ethnicity, culture, and interests of the youth.

C. Increasing Financial Literacy & Assets Savings**Initiative(s):**

Youth Transition Funders Group: Connected by 25

Description:

Establish financial literacy education programs in the youth's community and encourage and support youth to develop savings and assets.

Characteristics:

- Programs have a clear mission and purpose, rigorous evaluation, adequate time, materials, space, and trained instructors, and are supported by a partnership of educators, financial institutions, and employers.
- The program schedule, geographic location, and outreach efforts address the cultural and language needs of students, and programs employ a curriculum that is responsive to the youth's situation, level of general literacy, and is presented in a manner relevant to the youth's language and culture.
- Matched savings accounts such as Youth Individual Development Accounts (IDAs) are established that combine cash benefits with incentives to help youth save and invest for living, educational, and activity expenses.
- IDAs are led by counselors experienced with working with youth and IDAs are connected to other services such as job training or internships and financial literacy education.
- Parents, foster families, and other adults who know the youth actively support the program and participate as well, to model appropriate saving.

D. Inclusive Case Planning & Service Integration

Initiative(s):

California Permanency for Youth Project; CWS Redesign; Family to Family; Youth Transition Funders Group; Connected by 25

Description:

Case planning for youth transitions is inclusive and multi-disciplinary and is built upon the principles of youth development.

Characteristics:

- Self-sufficiency services (such as Independent Living Services and Transitional Housing Services) involve child welfare workers, mental health and substance abuse counselors, health services, funders, birth and foster families, and youth to establish and attain life skill, job skill, and educational testing and placement goals. Transitional housing programs allow youth to learn life skills in their own apartments and offer both pre-emancipation and post-emancipation wraparound services.
- A permanency plan and is driven by a long-term view and cross-agency collaboration (family preservation, Mental Health, chemical dependency, housing, education).
- Case planning engages agencies as well as families, extended families, older youth, and community members in a respectful, culturally sensitive and non-adversarial manner. The resulting Transitional Living Plan reflects the individual needs, expectations, and cultural background of the youth.
- Attorneys, special advocates, judges and commissioners are trained and made available to their clients beyond court proceedings and embrace a family problem-solving approach rather than a client-only advocacy approach.
- Youth are educated, trained, prepared, and encouraged to play leadership roles in developing their case plan and in activities such as Independent Living Service activities.
- Youth are expected to set, maintain and reach goals and are supported through frequent reinforcement and the presence of a consistent, caring adult. Programs employ the approach of building relationships rather than simply providing services

E. Permanency Planning

Initiative(s):

California Permanency for Youth Project; Community Network for Youth Development; CWS Redesign

Description:

The most permanent, stable option available for older youth for whom family reunification is not an option will be rigorously explored, including adoption, relative or non-relative guardianship, or other alternative safe and stable placement. Permanency planning includes a focus on safety, relationship building, youth participation in the decision-making process, community involvement, and skill building of youth.

Characteristics:

- Case planning for older youth identifies permanency as the primary goal and includes contingency options (concurrent case planning).
- From the age of 12, youth are engaged in practicing increased independence, developing life and family living skills, maintaining adult connections, and in planning for transition into adulthood, and are connected to a youth/young adult who has achieved permanence.
- Significant adults identified by the youth and all adults the youth has a relationship with, including the birth family (if an option), all relatives, and any professionals who have worked with the youth are involved with planning using a family decision making model.
- Permanency and adoption are kept on the table as options by having on-going discussions with older youth about adoption, maintaining up-to-date placement recruitment materials, developing safety and individual education plans for youth for after a permanent placement is found, establishing visits and “practice” family relationships, and by continuing child welfare and other support services and the youth’s involvement in independent living services after the placement is finalized.
- County and statewide systems support permanency by establishing a countywide “adolescent permanency specialist” and by removing barriers that restrict the services and benefits youth and families can receive once a permanent placement has been secured.
- Child welfare workers and other adults identify and evaluate permanency options through a lens of cultural competency that considers the youth’s sense of identity.
- Permanency interventions are monitored more frequently (e.g. every 3 months) for older youth, and permanency “best practices” are shared amongst child welfare staff.